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ABSTRACT

Reported are the results of the 3-year Santa Cruz pilot project involving 11 disturbed children (4- to 12-years-old) to determine if autistic and severely emotionally disturbed (SED) children could benefit from a public school program. A program description and recommendations for implementation are presented in ten chapters having the following titles: "Pleading the Fourteenth for the Autistic and Seriously Emotionally Disturbed" (legislation and special education), "Diagnosis and Definitions: Who are the Autistic and Seriously Emotionally Disturbed?", "The Santa Cruz Program--A Description", "The Santa Cruz Behavioral Characteristics Progression Chart" (a tool for assessing the development of a handicapped pupil), "Transition: The Big Adventure" (integration of children into a regular class program), "Evaluation: How Effective Was the Santa Cruz Program?", "Manpower Planning and Development" (putting together the program staff), "The Classification System: Where Do the Autistic-SED Fit?", "Delegation of Responsibility: The Local Comprehensive Plan" (preparing a detailed report of programs and services provided), and "A Financial Model for Special Funding." Results are seen to provide evidence that public school education is feasible for autistic and SED children. Appendixes are included, such as a comparison of terms used by three classification systems for individuals with exceptional needs. (SB)

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THE SANTA CRUZ ELEVEN

A COMPREHENSIVE PLAN FOR THE EDUCATION OF AUTISTIC AND SERIOUSLY EMOTIONALLY DISTURBED CHILDREN

Santa Cruz County Office of Education
Richard R. Fickel, Superintendent
701 Ocean Street, Room 200
Santa Cruz, California 95060

September, 1974

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Shirley Foster, classroom teacher and project coordinator
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PREFACE

This document represents three years of reading about, observing, and discussing the needs of the seriously emotionally disturbed, autistic-like child, in order to determine how the public school system can provide leadership in meeting those needs at the school district and county levels.

There is considerable documentation and information available about autistic and emotionally disturbed children being served in the state hospital or institutional setting. Much has been written about how these institutions have served mentally ill patients through treatment, care, education, and rehabilitation. However, there is little information describing how these severely handicapped children are being served in our public school system--if they are indeed being provided for.

During the three years in which the Santa Cruz County Office of Education program for autistic-like, seriously emotionally disturbed children has been in operation, we have found that these children have been subjected to community neglect and ignorance, and have been deprived of their rights almost from birth. It is our hope that this document, in describing our program, will be of value to those who share our concern for these handicapped children.

Although E.S.E.A. Title III funding ended June 28, 1974, the Santa Cruz Board of Education will not only continue to provide this much needed program, but a second class will be added in 1974-75.

In the past few years, through the efforts of California State Superintendent of Schools Dr. Wilson Riles, Assemblyman Frank Lanterman, and State Senators Alan Short and Donald Grunsky, over one thousand severely handicapped children who had previously been denied entry to a program of education and training, are now on the threshold of entering the public school system.

As we move forward in creating a state-wide delivery system of programs and services for all individuals with exceptional needs, we hope this E.S.E.A. Title III project report will provide direction to those who will participate in the formulation of a comprehensive plan for the education of such individuals.

It is hoped that the California legislature will accept the concept of including the community colleges as well as handicapped adults within each comprehensive plan.

This office extends our offer of assistance and support to all those interested in establishing programs for autistic and seriously emotionally disturbed pupils. Such programs are needed if the public school system is to meet its responsibility to these troubled youngsters.

RICHARD R. FICKEL
Superintendent of Schools
Santa Cruz County
Office of Education

September, 1974

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INTRODUCTION

Where do we put the child who is a disrupter of classrooms? How do we teach the pupil who resists, actively or passively, the intrusion of a teacher into his private world? These are problems we confront when we attempt to provide education for autistic and seriously emotionally disturbed youngsters, youngsters who have been called the stepchildren of our educational system.

These children cannot or do not want to communicate. From early childhood--sometimes apparently from birth--they seem to have difficulty relating to other human beings, to the community into which they were born. Yet that community, and particularly its educational system, is charged with the responsibility of their care and their education.

What has caused these troubled children to behave as they do? Was it some unfortunate accident of birth--a physical injury, a neurological or biochemical disorder? Was it some unusual circumstance of their infancy--emotional deprivation or severe childhood anxiety? Although research into the etiology of autism and "childhood psychoses" continues, no one knows for sure.

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But causes do not concern us here. Our only concern is to find a way to give these youngsters the help they desperately need, the help a public school system owes to the children of all citizens--the help of an adequate education.

No one denies that autistic and seriously emotionally disturbed children need such help. Their desperate parents have, in many cases, exhausted their resources in the search for it. Most families naturally resist committing their children to state institutions, yet many must do so because special education programs in their own communities are inadequate or nonexistent.

In 1969 an incident at one of California's state mental hospitals brought this problem to public attention. A young boy residing at the hospital was, allegedly, sexually assaulted by other patients. The widely publicized reports of this incident gave rise to public concern for the plight of the mentally ill child whose "home" must be a state hospital, simply because there was no other facility that could adequately serve him.

In the wake of publicity surrounding the event, the state legislature called for an investigation and review of California's programs for the mentally ill and handicapped children, to determine whether the school-aged patients cared for within the state hospital system could also be served by community-based programs and services. A research firm, Arthur Bolton Associates, was commissioned to carry out the investigation.

The Bolton report, presented to the Assembly in March of 1970, said that many emotionally disturbed children committed to state hospitals undoubtedly could profit from participation in a public school program, but that existing programs did not adequately provide for the needs of such children.

The report recommended that "pilot centers" be set up, modeled after the program that serves profoundly retarded, multi-handicapped children enrolled in Development Centers for Handicapped Minors (the DCHM program), to determine how "mentally disordered minors," as these emotionally disturbed and autistic children were then termed, could benefit from such a program.

Accordingly, Assemblyman Frank Lanterman (a legislator who has evidenced much concern for California's handicapped) introduced Assembly Bill 2403, authorizing the establishment of such pilot centers or classes, each to accommodate no more than 10 pupils. The Santa Cruz project was one of the three pilot classes thus established.

The children enrolled in the Santa Cruz pilot class were so severely handicapped that no other classroom would accept them. None of them had been successfully served by any kind of public school education. Yet six of the 11 children who participated in the Santa Cruz project over the course of three years subsequently were integrated into other school programs for varying lengths of time. One boy showed so much improvement he will attend regular kindergarten full time this fall.

We believe that the Santa Cruz program provides evidence that public school education for the autistic or seriously emotionally disturbed child is feasible. This report describes the results of the Santa Cruz experiment, in the hope that other public and private school systems may profit from our experiences.

RICHARD D. STRUCK
Program Manager and Administrative
Assistant to the Superintendent,
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Chapter I

PLEADING THE FOURTEENTH FOR THE AUTISTIC AND SERIOUSLY EMOTIONALLY DISTURBED

No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

--from the Fourteenth Amendment to
the Constitution

A severely disturbed child should not automatically be considered unsuitable for education. . . . The only way to find out with any certainty whether a child is "suitable for education" is to try to educate him.

--Lorna and J. K. Wing,
"Prescription of Services," in
Early Childhood Autism

GENERAL PRINCIPLES— THE RESPONSIBILITY OF SOCIETY

The Declaration of Independence sets forth the fundamental principle ". . . that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted among men . . ."

This premise is embodied in the United States Constitution and the Constitution of California, but the history of American education has inconsistently evidenced a commitment to this principle.

Under the Fourteenth Amendment, no child is to be denied access to a free, public-supported educational service. State, county and local school systems, to the full extent of their capabilities, have a responsibility to extend educational opportunities to all individuals, even those with exceptional educational needs.

The California state legislature has historically provided for the special educational programs these exceptional children and adults need. However, it is estimated that in 1974 there are more than 48,000 such individuals in California who are not being served.

And among this "unserved" population, some of the most neglected are those youngsters variously described or categorized as "mentally disordered,"[1] "developmentally disabled,"[2] "autistic-like,"[3] or "autistic and seriously emotionally disturbed"[4] pupils.

(The latter term will be used in this report, with "seriously emotionally disturbed" often shortened to "SED" for the sake of convenience. The word "pupil," as used in this report, refers to youngsters between the ages of three and 21.)

These autistic-SED children are not and cannot be enrolled in, or function in, regular or special classrooms as they are now organized. Physically many of these youngsters display great difficulty in mixing and playing with other children. They often pay little if any attention to those around them.

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[1] As defined by California Assembly Bill 2403 (1971) and AB 1859 (1972), both authored by Assemblyman Frank Lanterman. See Appendices A and B for copies of these bills.

[2] See Appendix C for definition of "developmentally disabled", as given in the Federal Health and Safety Code.

[3] Education Code Section 3230 (c) (1) (F). See Appendix D.

[4] AB 4040 (Lanterman, 1974) and AB 3854 (Burton, 1974).

Some display a high degree of intense negative acting out, such as biting, hitting, etc., when interacting with others. Many lack basic communication skills, such as the use of words, gestures, eye contact and facial expressions. They may act as if deaf, although functional hearing is not damaged.

These seriously disturbed individuals often resist learning and changes in routine. Their physical and emotional behavior may be unpredictable when such changes are attempted. Others display intense fear marked with shaking, screaming, cowering and/or extreme hyperactivity. (See Chapter II for more detailed behavioral description.) Their lack of responsiveness to verbal command, unpredictable physical-motor behavior, and odd or bizarre mannerisms, preclude their involvement in a formal classroom setting.

The school system alone is not able to handle the needs of all such exceptional individuals. Many autistic and seriously emotionally disturbed youngsters are cared for at home, or reside in state mental hospitals, convalescent homes, or other types of out-of-home care facilities. While helpful educational and innovative habilitative programs have been developed at some state hospitals[5] and at some selected out-of-home facilities, thousands of these exceptional children are not in school nor are they receiving an education.

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[5] Under the direction of Dr. Norbert I. Rieger of the Children's Treatment Center, Camarillo State Hospital, a program has been developed for the successful transition of some autistic and SED children into the community and the regular school program. Similarly, the Napa State Hospital's Children's Services is experimenting with therapeutic "families" of seriously disturbed children, some of whom attend school in the community and go home on weekends.

To further compound the problem of waiting lists and the lack of educational programs, hundreds of severely handicapped individuals may soon be transferred from state mental hygiene hospital treatment programs back to their local communities. Because of the problems these transfers might cause, Senate Bill 605 (Grunsky) was approved in the 1973 California legislative session. SB 605 provides that beginning in January of 1974 the California State Department of Mental Hygiene shall not place a child in a community if there is no appropriate pre-placement or educational program planning--planning in which the school system must be included.

Yet most, if not all of the special education programs in public and private schools today lack the funding resources, the experience, and the specially trained personnel needed to help autistic and seriously emotionally disturbed pupils. Most school systems at present cannot adequately meet their responsibility to these children.

It is hoped that this book may help schools meet that responsibility and challenge. It will describe how the original "Mentally Disordered Minor" program conducted by the Santa Cruz County Office of Education (a three-year pilot E.S.E.A. Title III project, No. 1018, authorized by AB 2403 and completed in June of 1974) has demonstrated that emotionally disturbed and autistic children can be taught successfully and helped to grow in a classroom-like setting, and that many of them can eventually be integrated into a regular school program.

It is further hoped this report may prepare a base for needed legislation which will mandate districts or county superintendents

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to provide programs for the autistic-SED pupil, following a "Local Comprehensive Plan," whose elements will be described in Chapter IX.

THE RESPONSIBILITY OF SPECIAL EDUCATION

The purpose of special education is to fulfill the special learning needs of all exceptional individuals when their needs cannot be met within the general school program. Special education provides some 28 services, including home instruction, special tutoring, special day classes, integrated education, remedial reading, and the coordination of community resources serving exceptional children.

Children who are exceptional because they are autistic or seriously emotionally disturbed should not be excluded from such services.

Special education personnel must provide ongoing support for the autistic-SED pupils' special program, plan and support the integration of pupils into the regular school classroom or on-site special education program, provide parent counseling, prescribe and develop appropriate learning, self-help, communication and social skills, and assess the behavioral growth of these children.

It is also very important that special education personnel assigned to autistic-SED classes receive adequate training in the field. They should learn the causes of maladaptive behavior and the appropriate educational strategies, so they may assist these children grow toward independent or semi-independent lives.

Staff members should also be trained to assist and consult with regular education personnel in the integration of such children into the general education system.

MANDATORY VS. PERMISSIVE PROGRAMS—CURRENT LEGISLATION

The providing of special education programs for most--but not all--of California's handicapped individuals is mandatory upon school districts and county superintendents.

While the legislature has provided that programs for the mentally retarded and the physically handicapped are mandatory, school districts and county offices may--but at present are not required to--offer special programs for the mentally gifted, for the educationally handicapped, or for those severely handicapped individuals eligible for the Development Centers for Handicapped Minors (DCHM).

At present autistic-SED pupils fall legally into the "educationally handicapped" classification,[6] but few of these children are, in fact, enrolled in EH programs, because such programs are not suited to their unique needs. Some autistic-SED pupils are enrolled in DCHM classes,[7] but neither are these classes entirely suitable for the seriously disturbed or autistic youngster.

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[6] When AB 4040 becomes effective in 1978, the classification system for individuals with exceptional needs will be changed. See Chapter VIII.

[7] DCHM directors report that where there are no local county mental health programs for the autistic-SED, such pupils comprise 20 to 30% of the DCHM enrollment.

Two recent bills, AB 4040 (Lanterman, 1974) and SB 1782 (Short, 1974), will make the providing of special education programs for all handicapped pupils mandatory instead of permissive. This change in status will not be in effect until 1978, but the new legislation indicates a growing concern for the educational needs of all handicapped individuals.

CURRENT RELEVANT LITIGATION

While most California citizens have accepted, without qualification, the right of all so-called "normal" or non-exceptional children to a free public education, not all have accepted the right of individuals with exceptional needs to a differentiated education.

This is especially true in the case of the population described in this report. Invariably, their behavior has caused them to be considered incapable of profiting from school, and they have been excluded from both regular and special classes.

However, recent court decisions appear to be setting new directions for the future of special education. Several such decisions, in particular, stress equal educational opportunity.

One is a 1971 landmark decision in favor of the Pennsylvania Association for Retarded Children against the Commonwealth of Pennsylvania, which was given the force of law by a federal panel in U.S. District Court. The decision resolved a court challenge which had originally questioned the constitutionality of "permissive" (as opposed to "mandatory") state laws regarding educable mentally retarded children. The federal panel ruled that these laws were in conflict with the Pennsylvania Constitution, which guarantees the right to a free public education to every child in the Commonwealth. The judgment insured due process procedure and free access to public educational opportunities for school age mentally retarded children. In addition, local districts in Pennsylvania providing pre-school education to any children were required to provide the same for mentally retarded children.

Another important decision is Diana v. State Board of Education (Northern District Court of California, Feb. 1970 and June 1973). The thrust of this suit was to keep individuals with exceptional needs from being misplaced in inappropriate programs. The focus was on identification, classification and placement standards. As a result, new California state legislation was passed which requires careful attention to identification and placement procedures.

Mills v. Board of Education of District of Columbia (1972) dealt with rights of children with problems classified as "slightly brain-damaged, hyperactive behavior, epileptic and mentally retarded, and mentally retarded with orthopedic behavior." Plaintiff children had been labeled "behavior problems, emotionally disturbed, hyperactive." The judgment provided that "no child eligible for publicly-supported education in the District of Columbia public schools shall be excluded from regular public assignment . . . unless such child is provided (a) adequate alternative educational services suited to the child's needs . . . and (b) a constitutionally adequate prior hearing and periodic review of the child's status, progress, and the adequacy of any educational alternative."

In Harrison v. State of Michigan (1972) a class action suit was instituted in behalf of children with mental, behavioral, physical and emotional handicaps. They were divided into three groups: a) children denied entrance or excluded from a publicly supported education; b) children who are state wards, residing in institutions, receiving no education; c) children placed in special programs that are alleged not to meet their learning needs.

While refusing jurisdiction in this case, the judge affirmed that "to provide education for some children while not providing it for others is denial of equal protection." His dismissal was based on the fact that equal protection proposals already were being implemented under the leadership of the Michigan Public Act 198, 1971.

In addition to the cases cited above, there are numerous cases now in litigation which deal with the right of free access to public education suitable to handicapped children, and with due process in implementing those rights.

These court actions suggest that the State of California and its schools, from a legal and judicial point of view, must plan to provide a differentiated free public school program for all school age autistic and SED individuals. They must also minimize possibilities of inappropriate placement and unnecessary segregation, and provide adequate procedures for remedying any inappropriate placements.

PREVENTIVE AND EXTENDED EDUCATIONAL OPPORTUNITIES

What is the extent of the responsibility the school system has to pupils with exceptional needs? At what age should an autistic or seriously emotionally disturbed child be entered into a special education program and how long should such a program continue?

Generally, the earlier the age at which such a child enters a special program, the more he benefits from the program. Yet these disturbed children, especially the younger ones, are often "hidden" in the community, and a school system may be unaware of their existence. Such children should be sought out through "case finding." Physicians, pediatricians and other such individuals in the community should be alerted to identify them.

Public education should then work cooperatively with other agencies to provide each handicapped child with an education appropriate to his needs, until he has developed to the fullest extent of his potential. Even those children whose prognosis is only semi-independence should be provided with an education.

Since research into the causes and treatment of autism and serious emotional disturbance is ongoing and far from complete, it is uncertain what the true or final prognosis might be in all cases. It is therefore necessary that we continue to seek better ways to teach these children the necessary skills for independent functioning, no matter how difficult this may be.

In attaining this goal, the integration of the handicapped child into the regular school system is often desirable. He should be offered special help in a setting which promotes maximum interaction with his non-handicapped peers in the general school population. There is a special need for the autistic-SED child to associate with "normal" children in order to facilitate "modeling" of appropriate behavioral characteristics and the enhancement of a positive self-image.

It is recognized, however, that in the early stages of such a child's development, even the ability to learn from a model has to be taught. Unless this "integration" is carefully planned, handicapped children could be alienated or isolated, and could regress if thrown too early into normal school settings.

The prime program goal is to provide these youngsters with skills that will enable them to function behaviorally and intellectually in an independent or semi-independent manner. Investment in time, energy and money, particularly at an early age, will eventually result in a person who can contribute to society and realize self worth.

It is also the viewpoint of Assemblyman Frank Lanterman, who has initiated much legislation on behalf of the handicapped, that the more contact these children have with the non-handicapped, and the less they are isolated in institutions, the sooner they will acquire independent habits, and thus society's burden of continued custodial care and supervision will be lightened.

RECOMMENDATIONS

1. Boards shall be required by law to provide educational programs for all autistic and SED children residing in their district or county.

2. Severely handicapped individuals in state hospital programs and those in other out-of-public school settings shall be provided an education which will meet standards established by the State Board of Education. It is recognized that the state special schools are an integral part of the public

school system, and are to provide designated programs and services in meeting the statewide needs.

3. School boards shall take responsibility for concentrating their own resources, and, within their capabilities, the resources of all agencies and organizations, public and private, to assure an educational service to all such pupils.

4. Special education shall have as a goal the delivery of special education services in as normal a school environment as possible. It shall facilitate the return or entry of these children to the regular school program whenever possible, and in the shortest time possible commensurate with individual capabilities.

5. General education shall, through the provision of in-service education to its teaching and administrative staffs, provide for the integration of autistic and SED individuals.

6. The comprehensive educational programs and special assessment services of the state special schools shall be maintained by the state to serve those children whose needs cannot be adequately met by local educational agencies.

7. Provision shall be made for the enactment of laws guaranteeing due process for both parents and their children.

8. Legislation shall be enacted to provide for penalties for school districts or for county office of education personnel who knowingly violate the thrust or intent of the Fourteenth Amendment as it applies to the proposed Master Plan for exceptional individuals in California.

Chapter II

DIAGNOSES AND DEFINITIONS: WHO ARE THE AUTISTIC AND SERIOUSLY EMOTIONALLY DISTURBED?

> "It is imperative to grasp the fact that the children are handicapped. Without the concept of handicap one has only the protective, human and, in the last resort, profoundly limited, reaction of pity, tenderness and tolerance, which will help the parents to help their children develop as far as they are spontaneously able, but which will never help them overcome their specific disabilities, any more than love alone can teach a blind child to read Braille.
>
> --Sybil Elgar in "Teaching Autistic
> Children,"
> Early Childhood Autism

> It is a long time since we first recognized that "something was wrong with Elly." Perhaps these common words are the best ones after all; they do not disguise under multifoliate terminology the plain fact that no one yet knows what.
>
> --Clara Claiborne Park, in The Siege:
> The First Eight Years of an Autistic
> Child

THE CHILDREN IN THE SANTA CRUZ PROGRAM

AB 2403, the bill that authorized the establishment of the Santa Cruz pilot project for what was then termed "mentally disordered minors," broadly defined such children as those who were "unable, because of mental disorders, to adequately function in the regular school program."

All of the 11 children, aged four to 12, who were enrolled in the Santa Cruz program fit this definition. All of them displayed behavior which no existing educational programs were equipped to handle. Because of their unmanageability, enrolling them in a regular day class or special education program was impossible.

From birth, most of the children in the program had been given various diagnoses, such as profound or severe mental retardation, deafness, speech handicap, severe emotional disorder, mild cerebral palsy. In some cases, the failure of diagnosticians to agree resulted in delayed or inappropriate school placement, contributing to the frustration of children, parents and teacher.

Children such as these are often difficult to diagnose with accuracy, but it is important to do so. The severely disturbed child may often be placed in a program in which he doesn't belong, a class where the staff might expect, and thus reward, only very limited behavior or achievement of the student.

For example, several of the Santa Cruz autistic and SED children had previously been placed in programs for the severely retarded. Many studies have shown that being placed in a class where the expectations of the staff are "pre-set" by the diagnosis may hamper the full development of a child with "hidden" higher potential. The less expected of him, the less he achieves.

Seven of the children in the Santa Cruz program displayed "autistic-like" behavior, and could be described or diagnosed as exhibiting "childhood autism." The remaining three children were diagnosed as suffering from "severe childhood anxiety" and "severe emotional deprivation."[1] This latter group of children, though exhibiting many of the same symptoms, are generally more verbal and are usually more responsive to other humans than are the so-called "autistic" children.

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[1] Psychiatric diagnoses by the Santa Cruz Mental Health Department Pediatric Treatment Center staff.

CHILDHOOD AUTISM—
A DISCUSSION

It seems appropriate to comment here at greater length about the diagnosis called "childhood autism."

The Santa Cruz program has increasingly emphasized careful, specific assessment of the child's functioning in the cognitive/perceptual, motor, social and sensory areas, rather than classifying the child under such a global label as "autism." But, because of the requirements of the California Administrative Code, Title 5, Section 3230, eight out of the 11 children were classified as "autistic-like."

The following is a "working definition" of childhood autism, as approved by the National Society for Autistic Children on January 14, 1973:

> The term "autistic children" shall include persons regardless of age, with severe disorders of communication and behavior, whose disability became manifest during the early developmental stages of childhood. "Autistic children" includes, but is not limited to those afflicted with infantile autism (Kanner's Syndrome), profound aphasia, childhood psychosis, or any other condition characterized by severe deficits in language ability and behavior and by the lack of ability to relate appropriately to others. The autistic child appears to suffer primarily from a pervasive impairment of his cognitive and/or perceptual functioning, the consequences of which are manifested by limited ability to understand, communicate, learn, and participate in social relationships.

Major manifestations of autistic children have been isolated in a survey conducted by Dr. T. John Rendle-Short, Professor of

Child Health, University of Queensland in Brisbane, Australia. These manifestations begin in the first three years of life and are:

--- Great difficulty in mixing and playing with other children, a stand-offish manner, little communication with others, and relating to people as objects instead of human beings.

--- Acting as if deaf with no reaction to speech or noise.

--- Strong resistance to any learning, either new behavior or new skills.

--- Lack of fear about realistic dangers, such as fire or dangerous heights.

--- Resistance to even the smallest change in routine which may result in excessive anxieties.

--- Preference to indicate need by gestures, although speech may or may not be present.

--- Laughing or giggling for no apparent reason.

--- Not cuddlesome as a baby; either holds himself still or clings limply.

--- Marked physical overactivity such as waking and playing for hours during the night, but remaining full of energy the following day.

--- Lack of eye contact, with persistent tendency to look past or turn away from people, especially when spoken to.

--- An extreme attachment to particular objects with no regard for their intended use.

--- Attachment to spinning objects (especially round ones) and distress if interrupted.

--- Repetitive and sustained play, such as flicking a piece of string or ramming stones into a tin can.

--- Self-stimulation or ritual-type behavior, such as flicking fingers in front of eyes, twirling or rocking.

Dr. Rendle-Short emphasized that these behavioral characteristics provide only a presumptive diagnosis of autism, and should be supported by a full clinical history and examination, and assessment of family, and psychological and physical tests.

There has been considerable discussion in the literature on childhood pathology regarding autism since Leo Kanner in 1943 publicized a description of an "illness" which he thought was a unique form of schizophrenia called "infantile autism."[2]

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[2] Leo Kanner, "Autistic Disturbances of Affective Contact," The Nervous Child, Vol. 2 (1943), pp. 217-50.

Kanner's symptoms include the following:

--- The autistic child is always aloof.

--- He looks normal, alert, expressive.

--- Motor coordination seems normal with quick, skillful movements.

--- The child avoids eye contact and lacks visual or auditory response to others; thus the child appears to be deaf and blind to people.

--- There is no physical reaching out from infancy.

--- There is a failure to use speech for purposes of communication.

--- The child has a marked facility with objects.

--- Psychosomatic performance indicates the cognitive potentials are masked by the basic disorders.

--- There is an obsessive desire to maintain sameness.

--- Bed-wetting, thumb-sucking, nail-biting and masturbation are rarely associated with autism.

--- The rate of occurrence is less than 1% of the general population.

Kanner later reduced these diagnostic characteristics to two major areas: Lack of object relations, and obsessive desire to maintain sameness.

Recently (1971) Hamblin, et al.,[3] pointed to two cardinal syndromes of the autistic child, namely, "autistic seclusion" and "attention-getting behavior." The former syndrome has to do with keeping others away, so that a relationship is possible only under very difficult conditions and on the child's own terms. He accomplishes this by aloof preoccupation in the presence of others, lack of normal imitation, lack of functional speech, negativism and avoidance of eye contact. The child attempts to get attention by bizarre repetitious performance, such as ritualized hand motions, stereotyped positions, repetitive noise-making, rocking, indiscriminate mouthing of objects, unusual eye movements, bizarre food preferences, drooling and sniffing, dry-eyed crying, "creepy" touching, and others.

However, the diagnosis of childhood autism is by no means definitely established. There have been debates between Rimland,[4] who thinks that childhood autism is different from schizophrenia, and O'Gorman,[5] who insists that such a distinction is a waste of time. Rimland (1970) at the Institute for Child Behavior Research, found that the diagnosis of childhood autism is essentially random.

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[3] Robert L. Hamblin, et al., The Humanization Processes: A Social Behavioral Analysis of Children's Problems. (New York: Wiley-Interstice, A Div. of John Wiley & Sons, Inc., 1971).

[4] Bernard Rimland, On the Meaninglessness of Present Diagnosis for Psychotic Children, A Report to the Institute for Child Behavior, May 26, 1970 (San Diego, California: The Institute, 1970).

[5] Gerald O'Gorman, The Nature of Childhood Autism (London: Butterworths, 1967).

Labels, such as infantile autism, childhood schizophrenia, emotionally disturbed or mentally ill, brain or neurologically damaged, retarded, psychotic, deaf or partially deaf, have an almost equal chance of being applied to these children. McMillan, in a recent unpublished paper, reviewed the relevant literature, and stated that:

> It appears that early infantile autism has not yet been validly and reliably demonstrated as an unitary disorder which may be reliably discriminated from other severe disorders of children. The diagnosis of the same child can vary from doctor to doctor, and clinic to hospital. The confusion is such that even the professional in the field cannot be sure that they are talking about the same disorder under the same name.[6]

Moreover, as the autistic child grows older, the symptoms, diagnosis, and prognosis may change considerably. It is therefore not surprising that attempts to ascertain the etiology of childhood autism are also diverse and confusing. Suggested etiology has ranged from disturbances of the reticular formation (Rimland),[7] and chromosome abnormalities (Rutter),[8] to pathological parents (Eisenberg).[9]

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[6] Bruce McMillan, "Independent Study of the Causes of Autism," unpublished paper prepared under the direction of Dr. Frank Barron, Department of Psychology, University of California at Santa Cruz.

[7] Rimland, Infantile Autism. (New York: Appleton-Century Crafts, 1964).

[8] Michael Rutter, "Medical Aspects of the Education of Psychotic (Autistic) Children," Some Approaches to Teaching Autistic Children, ed. Weston, PTB (Oxford: Pergamon Press, 1965).

[9] L. Eisenberg, "The Fathers of Autistic Children," American Journal of Orthopsychiatry, Vol. 27 (1957), pp. 715-24.

Regardless of etiology, however, autistic children are able to respond to instructional strategies that are designed to establish normal patterns of behavior and to gradually extinguish autistic patterns (Hamblin, et al., 1971).[10] Thus, it is of more service to the child in his eventual adjustment to society, that specific areas of dysfunction be located and isolated, and that there be a determination as to which program objectives are most likely to be relevant and attainable for any particular child at any particular time. It is this position upon which the Santa Cruz program was based.

Most of the children enrolled in the Santa Cruz program showed some resistance at times by failing to perform a task related to a given objective. For example, a child might refuse to point to a certain requested color on a particular day, although he had correctly performed this task on many previous occasions. Some of the children appeared to experience difficulty in saying the words "yes" or "I." Other resistant behavior was indicated by the giving of wrong answers, crossing eyes at will, "pretend hitting" of other children, whispered replies, putting the head down, running away, closing the eyes, and saying "go home"--all at inappropriate times.

Many of the children, especially at the beginning, were unable to identify their emotions, and had to be taught not only the name of the emotion, but also the appropriate behavior with which to express it. Some of the children would hit themselves when angry or would inappropriately hug another child.

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[10] Hamblin, et al., op. cit.

Arthur Bolton Associates[11] provided a functional and nontechnical definition, based upon behavioral characteristics of the "mentally disordered minors" who were participating in California's MDM pilot projects. These characteristics were divided into four general problem areas:

Problem Area	Specific Problems
Skill Development and Self-Help Skills	Has poor toilet habits
	Does not properly manage personal effects and/or appearance
	Has poor mealtime skills
	Cannot manipulate classroom materials
Communication Skills	Has no speech/other communication
	Is nonresponsive
	Has no rational speech
Interpersonal Skills	Has poor self-concept
	Does not relate to other individuals
	Does not function in a group
Major Behavioral Problems	Is aggressive/destructive
	Is withdrawn/nonparticipative
	Is hyperactive/poor attention span
	Has specific fixations or phobias
	Has other eccentric or bizarre behavior patterns

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[11] Arthur Bolton Associates, A Goal-Related Evaluation of Pilot Projects for Mentally Disordered Minors in Development Centers for Handicapped Minors, a Final Report to the California Legislature (Sacramento, California: 1972).

THE MANRESA DIAGNOSTIC AND COUNSELING CENTER

Before a child was enrolled in the Santa Cruz program for autistic and SED pupils, a complete psychological, physical and educational evaluation was required. This was done through the Santa Cruz Manresa Diagnostic and Counseling Center.

The Manresa Center has been in operation for approximately six years, and serves infants, children and adults who reside in Santa Cruz County. The clinic staff consists of a pediatrician, educational specialist, psychologist, psychiatrist, public health nurse, social worker, and speech/language/hearing specialist. Consultants and specialists in other fields are called upon as needed by Dr. Richard R. Fickel, County Superintendent of Schools; he conducts this program in cooperation with the County Board of Supervisors and other county department heads.

To be accepted for diagnosis, clients referred to Manresa must have more than one handicapping condition. All community agencies, private and public, as well as professionals in private practice, may refer a client for diagnostic evaluation. Before a client is scheduled for an evaluation, all specialists who had previously served the client are contacted for information. A complete history of the client is compiled.

Both parents are requested to be present on clinic day as well as at the later interpretive interview. The parents and child are scheduled at the center beginning at 8:30 a.m., on either a Wednesday or Thursday. The child is evaluated by four or five staff members before noon. At the same time, the various staff members have scheduled interviews with the parents.

In the afternoon, the morning cases are reviewed and findings and recommendations reported. Approximately two weeks following the evaluation, interpretive interviews are conducted with the family and, if possible or appropriate, with the client.

THE MANRESA ASSESSMENT OF THE AUTISTIC-SED CHILD

All such children referred to Manresa were given a physical examination, which included vision, hearing, and neurological tests. They were also evaluated in behavioral terms, i.e., in the areas of emotional stability, language development, social skills, gross and fine motor skills, intellectual capacity, and academic ability. Along with careful observations and past case history information, the following normative and criterion-referenced scales, inventories and tests have been used in each of these areas:[12]

--- Emotional Stability. The determination in this area is based upon observation of the client as well as discussion with persons--including parents, teachers and individuals from community agencies--who have had contact with him.

--- Language Development. This area was examined by the use of such instruments as the Peabody Picture Vocabulary Test (for receptive language ability), and the Goldman/Fristoe Test of Articulation (for expressive language ability).

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[12] See Chapter VI for further details, and Appendix E for sample Manresa "work-up" report.

- Social Skills. This area was assessed by the Vineland Social Maturity Scale, which was administered to parents. The scale is scored on the basis of whether the child had had an opportunity to display, and actually has displayed, well-established traits in such areas as self-help, adaptation, toileting skills, and so on.

- Motor Skills. Denver Developmental Screening Tests were used. This test covers a number of areas, such as personal, social, fine motor-adaptive, language and gross motor areas. The fine motor-adaptive scale was primarily used here. The child was directed to demonstrate various capabilities such as passing a cube from hand to hand, dumping raisins from a bottle spout, drawing a man in three parts, etc., each demonstrating a higher level of attainment.

- Intellectual Capacity. At first, the Wechsler Intelligence Scale for Children was administered, but it was found that most of these children have such short attention spans and are so hyperactive that such a test was not suitable for them. Therefore, a combination of the Cattell Infant Scale and the Stanford-Binet Scale was also given. The mental age and I.Q. were determined from the child's performance.

- Academic Ability. Generally the Peabody Individual Achievement Test (PIAT) was given. However, most of the children in the program did not have sufficient academic skills to perform at a level that would appear on this test; therefore its norms were not appropriate.

Another evaluative instrument used to describe and assess the behavior of these handicapped youngsters was the Santa Cruz Behavioral Characteristics Progression chart (the BCP). This innovative and important assessment tool will be described fully in Chapter IV.

When children are tested in a clinic setting they should be accompanied by a teacher or parent in order to facilitate rapport and optimum performance. Frequently high stress from the novelty of being in a new place hinders performance, and thus many of the standardized assessment procedures cannot be used.

RECOMMENDATIONS

1. Handicapped children should be provided careful diagnoses and classification so that placement in inappropriate school programs may be avoided.

2. The description or assessment of the child which accompanies any classification or labeling should include both normative (standardized) test results as well as idiographic (criterion-referenced) assessments; that is, assessments which compare the child to his own performance or describe the child in ways that are not based upon mean standard deviations.

3. A speech pathologist, educational specialist, pediatrician and program and resource specialists shall jointly prepare and compare findings and prepare a unified report and recommendation for the evaluation of the handicapped child. The teacher of the autistic-SED program shall take an active and leading part in this process.

Chapter III

THE SANTA CRUZ PROGRAM: A DESCRIPTION

> She dwelt in a solitary citadel, compelling and self-made, complete and valid. Yet we could not leave her there. We must intrude, attack, invade. . . . We had no choice. We would use every stratagem we could invent to assail her fortress, to beguile, entice, seduce her into the human condition.
>
> . . . .
>
> However formidable the fortifications, they can be breached. I have not found one person, however remote, however hostile, who did not wish for what he seemed to fight. Of all the things that Elly has given, the most precious is this faith, a faith experience has almost transformed into certain knowledge: that inside the strongest citadel he can construct, the human being awaits his besieger.
>
> --Clara Claiborne Park, in The Siege: The First Eight Years of an Autistic Child

THE PILOT PROJECT— ITS GOALS

Recognizing the sad plight of youngsters who must live in state hospitals because there is no place for them in the community, the California legislature passed AB 2403 in September of 1970.

This bill, authored by Assemblyman Frank Lanterman, authorized the establishment of pilot projects whose purpose was to evaluate the benefits of providing a public school program for autistic and seriously emotionally disturbed children, or "mentally disordered minors," as they were called, and who could not participate in existing regular or special education programs because of the severity of their handicap.[1]

Three Mentally Disordered Minors (MDM) pilot projects were set up in the state: one in Contra Costa County, one in Riverside County, and one in Santa Cruz County.[2]

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[1] AB 2403 authorized a one-year pilot program for the 1971-72 school year. AB 1859 (Lanterman, 1972) extended the termination date of the program to the end of June, 1973. See appendices A and B for copies of these bills.

[2] The Contra Costa and Riverside programs were funded by the Education of the Handicapped Act, Title VI, Part B. The Santa Cruz program was funded by E.S.E.A. Title III, and this funding continued until the end of June, 1974. Thus, the Santa Cruz pilot project was a three-year program.

Each class enrolled no more than 10 pupils. Of the children enrolled in the three pilot classes, those in the Santa Cruz program were the most severely handicapped. The overall goal of the Santa Cruz class was to provide an intensive short-term, therapeutic, remedial instructional program that might enable these pupils subsequently to enter a regular class program.

It was initially patterned after classes and programs designed for other severely handicapped children--such as those suffering severe impairment of locomotion, severe orthopedic conditions, or severe mental retardation--housed in Development Centers for Handicapped Minors (the DCHM program).

However, it was soon determined that the behavior and problems of the autistic-SED pupils were quite different and unique, and that conducting classes for them in a Development Center was not realistic or desirable. They needed a special classroom of their own, with a special program designed to fit their particular needs.

The Santa Cruz program's primary goals were to provide these severely handicapped children with:

1. Language skills. They needed to be taught techniques of basic communication, how to receive and use words.

2. Basic information. Since many of the students had little awareness of practical reality and scant ability to learn from their daily experiences, very basic information about cause and effect and self-awareness had to be taught, to ensure their survival and functioning in society.

3. Physical coordination. Most of the children had poor motor coordination or severe perceptual-motor dysfunctioning, and limitations in using other sense modalities. They were assisted in developing physically to the extent of their capabilities.

4. Social skills. Since many of the students were unaware of the identity of other human beings, much of the social skill training had to start on a very elementary level. Such simple social interactions as allowing oneself to be touched or maintaining eye contact with another person, or such simple activities as turning on an electric burner or tying shoelaces had to be taught, even to the older pupils.

5. Personal and social values. Many of the Santa Cruz youngsters had grossly distorted views of their own "power" (e.g., some felt they could make the rain and wind come and go), and lacked awareness of the rights, responsibilities, and human feelings of themselves and others. Training which fosters a realistic view, although on an elementary level, was important.

6. Problem-solving skills. Since the frustration tolerances of many of the students was extremely limited, the level of problem-solving to which they were first introduced was admittedly low, and of necessity quite simple. It was the aim of the program, however, gradually to help these students handle increasingly more complex life problems.

7. An individualized instructional program, which reduces, eliminates, or compensates for the effects of the handicapping condition. When limitations of health or mobility prevented normal participation in school activities, each child was helped to learn through alternate or modified sensory modalities. The modified curriculum was tailored to fit each individual's particular needs. Each was encouraged to explore and develop his own unique talents and creativity.

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HOW IT STARTED-- A BRIEF HISTORY

The children who were to become pupils in the Santa Cruz pilot class were originally patients in a day psychiatric facility called the Pediatric Treatment Center (PTC), operated by the Santa Cruz County Community Mental Health Services Department.

This Center provides intensive psychiatric care for children with seriously handicapping emotional disorders, and offers intensive parental counseling and treatment. It is staffed by a part-time psychiatrist, psychiatric social workers, various psychiatric technicians, and trained volunteers from the nearby University of California and from the local community. Consultants include a psychiatrist and several physicians and pediatricians.

The Santa Cruz County Office of Education first became involved in supplementing the PTC program in 1970, when it was asked to provide one day per week of speech therapy for the children. In early fall of 1971 it seemed that the children might benefit from some kind of classroom instruction, and the PTC asked the county office to provide an educational program for them. The county office agreed, and the autistic-SED class was started, as federally-funded E.S.E.A. Title III Project No. 1018.

A special classroom was constructed adjacent to the PTC facility. Six children, three boys and three girls, began attending school in September of 1971. In the course of the three-year project, seven more students were added to the class roster, two children left the program, and one "graduated." As of August, 1974, 10 youngsters--seven boys and three girls--were enrolled.[3] The youngest child accepted was three and a half at entrance, the oldest 10.

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[3] One might expect more boys than girls; studies of autistic children show that boys outnumber girls by about four to one. See J.K. Wing, Early Childhood Autism (Oxford: Pergamon Press, 1966), p. 28.

All the children exhibited autistic-like behavior and prior to their admission to the special class were not receiving any form of education. All were diagnosed or evaluated for school placement by the staffs of both the PTC and the Manresa Diagnostic and Counseling Center (see Chapter II).

The transfer of the children from the PTC facility to the special classroom was accomplished gradually, since an abrupt change might have hindered adaptation to their new environment. At first they continued their usual treatment program at the PTC and attended class for very short periods each day, each child staying only as long as his behavior and response indicated he could tolerate the classroom and program structure. At the beginning, for some the school day was as short as 15 minutes.

In time the higher-functioning youngsters were grouped together in a three-hour morning class (known as "Big School"), with the more slowly developing children attending an afternoon session ("Little School").

Gradually the school day was extended until all the pupils could successfully attend class for the full school day--360 minutes. By this time the PTC staff determined that it could no longer serve these autistic-SED youngsters in its program, and so treatment of the children at the Center was discontinued.

INVOLVEMENT OF PARENTS AND VOLUNTEERS

Close parental involvement was required by the PTC staff before a child could be included in its treatment program. When the school opened, a similar close communication between the school staff and the parents was established.

At the beginning parents acted as observers in the classroom in order to better understand their children's problems and behavior. Teacher conferences and bi-monthly night meetings were held where staff and parents together could discuss program organization and planning.

Inasmuch as all the children suffered from exaggerated communication disabilities, this flow of information between staff and parents was important. The staff was kept informed of what was happening at home, and then could encourage the child to verbalize those experiences in the classroom. The parents were kept informed of the child's progress at school, and then could implement many of the teacher's recommendations at home.

When treatment of the children at the PTC ceased some of the parents formed a Parent Cooperative to provide day care for the time when the children were not in class. This Co-op was housed in a building across town, but the classroom staff kept in close touch by telephone, and often coordinated its activities with that of the Co-op.

At first parents also had the responsibility of transporting their children to and from all activities. Because of the distances involved, this worked a great hardship on many of the parents, and the continuous participation of some of the children in the program was in jeopardy. Therefore, in January of 1973, the County Superintendent authorized bus transportation for all pupils--and taxi service when needed for those youngsters who at that time were starting to make the transition into regular classrooms.

At the beginning the behavior of the children was so unpredictable and so difficult to manage that each child was accompanied to the classroom by his own volunteer "tutor."

These volunteers, recruited from local colleges and high schools, had been trained by the PTC, and were required at first on a one-to-one basis to provide reassurance, assistance in paying attention, and, in some cases, actual physical control. Each tutor stayed by the child throughout the daily classroom routine, helping him participate in each activity. The child was often held on the tutor's lap.

The services of such volunteers were dispensed with, however, as soon as the child was able to be responsible for his own classroom behavior. In less than two years the general classroom behavior had improved to the point where these volunteers were no longer required.

THE INSTRUCTIONAL STAFF

It is obvious that the success of such a special program depends to a great extent upon the competency and dedication of its staff. In this respect the Santa Cruz project was most fortunate.

The instructional staff included classroom teacher, permit teacher, and instructional aide. All were women who possessed qualities necessary in those who teach autistic or seriously emotionally disturbed youngsters: warmth, patience, flexibility, physical stamina, dedication, and--most important--a sense of humor.

Mrs. Shirley M. Foster, teacher and project coordinator, has been with the project full-time since its inception until the present. She is a certificated primary teacher with thirteen years' classroom experience. She was employed as an E.H. teacher before entering the project.

During the 1973-74 school year she served as classroom teacher during the afternoons, and as project coordinator during the mornings. As project coordinator her major task was to develop and implement an integration plan for each pupil who demonstrated a readiness for partial regular school placement. She accompanied the child to the new classroom and helped him adapt to his new program.

She was assisted in the classroom by Mrs. Burnis Lyons, the morning half-time teacher. Mrs. Lyons possesses an elementary and a TMR credential, and has worked extensively with retarded youngsters.

The full-time permit teacher assigned to the classroom from September, 1971, to June, 1972, was Mrs. Joanne Howard. Mrs. Sandra Koblick filled this position from September, 1972, until the present. She had previously been assigned to the Office of Education's development center program.

Since February 1, 1973, a supplemental state grant made possible the hiring of Miss Arlene Hall as full-time instructional aide. Miss Hall has a degree in psychology and much experience in dealing with handicapped and disadvantaged youngsters.

An additional observation concerning this classroom staff might be inserted here: as a staff they worked well together, displaying a mutual respect and cooperation, and a common dedication to the welfare of their pupils. Though this is, of course, an intangible element and hard to evaluate, it seems obvious that such an attitude was beneficial to the program and its students.

THE SUPPORT STAFF

The support staff included a psychologist, a speech therapist, and a school nurse.

The school psychologist, Mr. Bill Norris, devoted an average of two hours per week to the project. He assisted in behavior assessment and acted as consultant to the staff. He also interviewed and counseled parents, performed liaison duties with regular school personnel and with the PTC staff, and attended weekly staff meetings.

The speech therapist, Barbara Wood (and, later, Gina Birkner), worked individually with the children two days per week. She made suggestions to the staff concerning ways to improve speech training in the classroom.

The school nurse, Mrs. Judy Hammer, was employed by the County Office of Education to serve all its instructional programs, but was available to the special class an average of two hours per week. She worked with the staff and parents in assessing and recommending treatment for any health needs of the children.

THE CLASSROOM AND ITS EQUIPMENT

The original classroom, a separate building constructed near the PTC building, was approximately 30' by 30' in size, contained numerous cupboards and storage units, wall-to-wall carpeting, a sink and drainboard, and many windows.

The teaching staff found this room most adequate, though not completely ideal. They would have preferred, for example, a lavatory immediately adjacent to the classroom, since many of their pupils needed to be escorted to the bathroom. And though carpeting is desirable in such a classroom, several large area rugs might have been better than wall-to-wall carpeting, since many pupils displayed a decided tendency to splash, spill, and sometimes throw art materials and food around. In any event, the rug that covers such a classroom should be washable.

In the summer of 1974 the class moved from the building on the PTC grounds to a classroom at Green Acres elementary school in the Live Oak school district. (The district has also agreed to provide classroom space for a second autistic-SED program that will begin in September of 1974.) This room also seems quite adequate, except for having fewer windows than the former building. In the opinion of Mrs. Foster, it is desirable that an autistic-SED classroom have many windows, so that the pupils may have a constant sense of the larger world outside.

In appearance and equipment, the classroom resembled an ordinary kindergarten or first grade room, with the usual tables and chairs. The room also contained gym mats, balance boards and a Stegael-Lind climber.

No instructional materials were used that could be considered entirely unique to an autistic-SED classroom. They included those sometimes used with the educationally handicapped or the learning disabled, such as the Frostig materials for the development of visual perception and the Kephart activities for improving perceptual motor skills.

The only equipment that could be considered unusual was a video tape recorder. The VTR was purchased primarily for the purpose of staff self-evaluation, to allow the staff to view and appraise their own teaching methods, but it proved to be valuable to the pupils as well. Seeing themselves on the screen made them more aware of their behavior, and how it appeared to others.

Viewing of the playback had to be introduced carefully and gradually, however. The staff found the children at first had the same fearful reaction to the pictures of themselves on the screen as they had to mirror images or sometimes even their own shadows. The teachers had to repeatedly say, "That's not you, that's just a picture. You are here."

The staff also found it useful to compare tapes of a child with those made six months before, to gain a better idea of the progress he had made. In addition, the tapes recorded at school could be played back later for parents, so they could view their children's performance in the classroom.

SOME GENERAL TECHNIQUES OF CLASSROOM MANAGEMENT

The teachers developed certain consistent methods and procedures in the classroom which they found to be effective in dealing with the behavior of their autistic and seriously emotionally disturbed pupils:

--- The program was highly structured. The children were repeatedly reminded, gently but firmly, that the teacher was in charge, not the pupils.

--- The children were told, over and over again, that they were safe, that the teacher would help them to be safe, and would protect them.

--- The teacher repeated frequently, "If it's too hard, I'll help you. I'll never ask you to do something that is too hard."

--- All instructions and comments were stated in a clear, deliberate manner, usually reinforced by eye contact, and repeated two or three times.

--- A child who consistently refused to follow directions was excluded from the group for periods ranging from one to four minutes. Although never left unsupervised, he was ignored. (But, in order not to confuse him, he had to be told he was being ignored.) He always had another chance to do his work, and he was always rewarded for doing so.

--- There was immediate recognition whenever the child accomplished something. Rewards in the form of social praise and touching were given promptly and consistently.

--- The idea of "cause and effect" was repeatedly explained and stressed, so that the children would become aware of how their behavior affected another person.

--- Children were helped to identify, verbalize, and define their emotions.

--- The teacher repeatedly pointed out that it was all right to make mistakes in school.

--- The importance of speech as "the key to the lock" was emphasized over and over again. The teacher would repeatedly request the child to "use your words to tell me what you want."

THE CLASSROOM
DAILY SCHEDULE

The curriculum included instruction in language development, physical coordination and social skills, but, because of the pupils' severe communication difficulties, the heaviest emphasis was placed on language development. This was included and stressed in almost all classroom activities.

The school day began at 8:30 a.m. and continued until 2:30 p.m. Activity periods generally lasted less than half an hour, because of the short attention span of the pupils. The daily schedule usually included the following classroom activities:

Opening Exercises. Children were seated in a semi-circle, facing the teacher. The permit teacher and the aide also sat in the circle, assisting the children maintain appropriate behavior. The teacher led a "show and tell" discussion, followed by group expressive language activities, including exercises in listening and understanding.

Small Muscle Development. Children sat at circular tables to perform and develop skills in such activities as cutting, pasting, coloring, and printing.

Rest Room. During this time children formed a line, then walked to another building where the lavatory was located, and took turns using the bathroom. The staff stressed self-help skills: waiting patiently in line, taking turns, personal hygiene, etc.

Movement Exploration and Recess. This was a 15 minute period with directed physical activities led by the permit teacher (outside when weather permitted), followed by a short free play period. The children were encouraged to make decisions, take turns, and engage in vigorous physical activity.

Social Skills. The children sat at the circular tables with the permit teacher and aide to enjoy "juice and cracker time." This was a time for a relaxed atmosphere and casual verbal interaction. However, each child was expected to use words to ask for the juice and crackers before they were given to him.

Relaxation. For 15 minutes the children lay down to rest on tumbling mats, and were covered with blankets. The teachers lay down with them. Soft music was played on the record player. Relaxation was often difficult for these children, and a special effort was made to help them learn to relax.

Individual Aid. The teacher, permit teacher and aide worked with individual children in such areas as perceptual training, reading readiness, shape and color discrimination, printing words, and arithmetic.

Literature. During this period the teacher or permit teacher read a simple story. They encouraged the children to look at the pictures and tell about what they saw. They asked the children simple questions which required an answer.

Evaluation. At the end of the school day the whole class returned to the circle, where the teacher recounted the activities of the day. Each student's behavior was discussed and evaluated. The teacher praised at least one accomplishment of each child. Reminders of events to come were repeated.

BEHAVIOR MODIFICATION AND SUGGESTED EDUCATIONAL STRATEGIES

With the exception of juice and crackers at snack time, only social reinforcers--verbal praise, physical touching, hugs, caresses or "lap time"--were used by the staff. Such positive reinforcers were used quite consistently, and rewards were enthusiastic and immediate, to which the students usually exhibited a positive response.

Negative behavior could be dealt with by the use of such negative reinforcers as: "time out" or temporary exclusion from the group; disapproval of the teacher for inappropriate actions, coupled with specific suggestions for more appropriate behavior; firm verbal reminders that "you are not in charge"; and, if necessary, physical constraint of overly aggressive or self-destructive behavior.

The close and unique relationship that existed between the children and their teachers rendered these strategies most effective, as evidenced by the progress the youngsters made. See Chapter VI.

An examination of recorded observations of the class in operation, and of anecdotal records kept for each child, showed these autistic-like youngsters often exhibited what could be called "fear behavior," "anger behavior," and "resistance behavior." The staff developed various strategies to deal with such behavior.[4] Some examples are listed below:

BEHAVIOR	SUGGESTED STRATEGY
Fear of change in routine, environment or personnel	All upcoming events were explained and discussed at least three times, three days before they happened.

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[4] The behavioral characteristics described are related to BCP strands 23 (Adaptive Behaviors), 24 (Impulse Control), 25 (Interpersonal Relations), 26 (Responsible Behaviors), and 28 (Self-Confidence). See next Chapter.

BEHAVIOR (cont.)	SUGGESTED STRATEGY (cont.)
	Reassurance was given: "We will keep you safe," or "If it is too hard for you, we will help you." (Parents and teacher cooperated in this.) Visits to doctors, dentists, or other professional people were role-played in advance, in detail. Students were told about visitors expected in the classroom the following day--how many were coming, whether man or woman or both, the reason for the visit (in simple terms), how the children were expected to act.
Inappropriate expressions of anger, e.g., humming, whining, laughing inappropriately, excessive repetition of nonsense sounds	The teacher would identify and verbalize angry feelings for the child: "You don't need to laugh when you are mad." The child was encouraged instead to say, "I'm mad!" or "Pow!" and to hit the floor with his fist.
Closing eyes, putting head down, hands over ears, as if to shut the adult out of his private world	The teacher would say, "I am still here. Closing your eyes doesn't make me go away." The child would be rewarded with immediate praise when he opened his eyes.
Difficulty in resting or relaxing	Each child was given instruction in how to relax during rest time each day. The teacher would rub a child's shoulders, back or arms, while encouraging him to relax them. Children were not allowed to bother other children during rest time, and were sometimes benched if they did so.
Difficulty in saying "I"	The teacher passed out jigsaw puzzle pieces of fruits and vegetables, and then held up Peabody picture card of a particular fruit or vegetable, asking "Who has the ____?" The child was praised if he answered "I do."

BEHAVIOR (cont.)	SUGGESTED STRATEGY (cont.)
Inconsistency in performing previously mastered verbal tasks	The teacher would ask each pupil, "Are you a girl?" "Are you a boy?" Correct "yes" or "no" answers were insisted upon, and, when elicited, immediately reinforced, sometimes with clapping by the whole class.
Negative reaction when touched	A "touching time" was conducted. Pupils were asked to touch various things in the classroom, with immediate reinforcement for correct responses. Then each child was told to touch another child: "Matt, touch Jon," or "Touch a girl," etc.
	During "show and tell" time each child in turn was touched: his arms or back was rubbed, or he sat on teacher's lap while discussing his news. Verbal praise was accompanied by touching.
	The teacher often provided "lap time" as a reward when a child did something well.
"Acting out" behavior when experiencing failure or frustration	The children were encouraged to say, "Help me," rather than crying, whining, throwing things, etc. Immediate help was then given, along with verbal praise for having voiced the request for aid.
Fear of water on hands, and of water generally	Pupils were encouraged to water house plants.
	Activities such as tie-dye crafts, car washing and water play were introduced.

BEHAVIOR (cont.)	SUGGESTED STRATEGY (cont.)
Fear of another child	The teacher reassured the child that adults would not let another child hurt him (and then followed through).
Refusal to try new or different foods	Classroom "parties" were held--a Popcorn Party, a Carrot and Celery Party, a Soup Party, etc. Pupils were encouraged to try new foods and share them with others. Positive reinforcement was immediate.
Refusal to smell new odors, e.g., talcum powder	Children rubbed powder into each other's palms, and were given reassurance while doing so.
Biting, kicking, hitting, screaming, throwing, spitting	Children were removed from class for such behavior (though never left unsupervised), for time-out.
Flapping arms when happily excited	Teacher would say, "You don't need to flap--you can clap."
Silly talk	The teacher tried to change to some meaningful subject.

Further instructional strategies that can be profitably used in the autistic-SED classroom may be found in Appendix G.

INDIVIDUAL INSTRUCTIONAL OBJECTIVES

Each child's particular educational needs were unique and had to be considered separately. Individual instructional objectives were determined, based upon an assessment of each student's needs, using the Santa Cruz Behavioral Characteristics Progression chart (the BCP).

The BCP, developed by the Santa Cruz County Office of Education, consists of 59 "strands" of behavior, each strand containing a graduated description of specific behavioral skills. These behavioral skills start at a very elementary or primitive level and progress gradually, in small behavioral steps, to relatively advanced skills. By charting a child's progress on the BCP the teacher could determine what instructional objectives should be set for him.

The use of the BCP will be more fully described in the following chapter.

STAFF MEETINGS AND PARENT CONFERENCES

It was important to the program that all staff members and parents be kept informed about what was happening in the classroom. In order to do this, the following meetings were held at regular intervals:

Daily. The instructional staff usually met briefly and informally immediately after school to discuss the day's happenings. Teachers kept in close contact with the Parents' Co-op by phone.

Weekly. On Monday the PTC staff and the classroom staff held a joint meeting. On Tuesday after school was a meeting of the instructional staff with nurse, psychologist, speech therapist and program manager. On Friday after school the instructional staff held their own staff meeting, longer and more formal than their daily after-school chats.

Bi-weekly. Every two weeks the classroom teacher met with the PTC Child Therapy Coordinator.

Monthly. A full staff meeting of all special education personnel in the county was held at the County Office of Education once a month. Also on a monthly basis, the teacher attended a PTC staff meeting.

Bi-monthly. The staff met with the childrens' parents in the evening once every two months.

Semi-annually. Twice during each school year, in January and in May, a complete progress report was prepared for each student, which included anecdotal behavioral data and a record of the BCP objectives he had attained. A formal conference was then held with the child's parents to discuss his progress and plan future objectives. Following the meeting a parent interview report was written by the teacher and reviewed by the program manager. A copy was sent to the parent and a copy placed in the pupil's case file. (See Appendix F for sample of such parent interview report.)

Annually. A clinical re-evaluation of the pupils was performed on a yearly basis by the Manresa Diagnostic and Counseling Center. (See Chapter II.) The children took the same tests they had taken a year before, and the results were compared. Recommendations of the Manresa staff were sent to the teacher, and a meeting was scheduled between the Manresa staff and the parents to review all the findings. (See Appendix E for a sample Manresa "work-up" report.)

RECOMMENDATIONS

1. As proposed in the California Master Plan for special education, the present 28 program or service components shall be organized into seven delivery systems. The seven delivery systems shall include four instructional programs--

Special Classes and Centers
Resource Specialist Programs
Designated Instruction and Services
Nonpublic School Services

and three supporting programs--

Identification, Assessment, and Instructional Planning
Administrative and Support Services
Special Transportation Services

The four instructional programs shall serve the four categories of handicapped individuals described in AB 4040 (Lanterman, 1974).

2. All districts and/or county offices of education shall be mandated to provide separate programs for autistic and SED pupils between the ages of three and 21. Such a program shall include the seven program components.

3. The districts or county office of education shall establish a comprehensive plan for the education of autistic and SED pupils between the ages of three and 21.

4. An Admissions, Review, Discharge and Transition (ARD&T) Committee shall review referrals, and recommend placement in special classes or centers for autistic and SED pupils. The ARD&T Committee shall consist of the program administrator, teacher, psychologist, school nurse and psychiatrist. Parents shall have the right to be represented in each committee meeting by a professional person of their choosing.

5. In the event the parent or guardian determines that a placement is inappropriate, he shall have the right to

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appeal the decision. In so doing, the parent shall obtain a corroborating opinion of a physician, licensed psychologist, social worker, or other professional person that the placement of the autistic-SED pupil is inappropriate and injurious to the welfare of the pupil.

6. Special classes for autistic and SED pupils shall be maintained in conjunction with and contiguous to regular programs whenever possible.

7. The instructional program for autistic and SED pupils shall make provision for the use of community volunteers. Pupils shall be assisted in the classroom on a one-to-one basis by a volunteer for as long as the pupils' behavior indicates such a need.

8. The teacher-pupil ratio in the autistic-SED classroom shall be six pupils to one credentialed teacher. Each special class shall be provided with an instructional aide.

9. Designated instruction and services for the autistic-SED class shall include the services of a specialist in speech and language therapy for two days a week.

10. Transportation shall be provided in special vehicles to and from home and the special class 230 days each year.

11. The maximum school day shall be six hours for those children who can profit from 360 minutes of instruction and training. The minimum school day for which A.D.A. can be claimed shall be 120 minutes.

12. The instructional program for autistic-SED pupils shall make use of behavior modification techniques, depending upon the individual needs of the children and the educational philosophy of the special class teacher.

13. The Santa Cruz Behavioral Characteristics Progression (BCP) or comparable criterion-referenced instrument shall be used for the purpose of setting instructional goals and objectives for autistic-SED pupils.

14. Attainment of instructional goals shall be reviewed periodically; once a month informally by teacher and parent; twice a year by teacher, psychologist, nurse and speech therapist. Each team review shall be followed by a formal parent-teacher conference at which future instructional objectives shall be decided.

15. Non-public school services shall be offered autistic and SED pupils when the district or county determines that such services can more appropriately meet the needs of the pupil.

16. Autistic and SED pupils may be enrolled concurrently in both public and non-public schools.

17. The responsibility for authorizing non-public school services shall remain with the agency implementing the comprehensive plan.

18. A parent or guardian may request tuition payments for education purposes in lieu of a free public education. Such payments shall not exceed the tuition payments

to the private school or the state average cost of special education for autistic and SED pupils, whichever is less. Funds shall not be used in parochial schools. The responsibility for providing the required education then shall rest with the parent.

19. Whenever special education programs for autistic and SED pupils cannot provide the required services, or meet the child's needs, referral to a state school shall be considered.

Chapter IV

THE SANTA CRUZ BEHAVIORAL CHARACTERISTICS PROGRESSION CHARTS

. . . the Santa Cruz approach has a positive potential which should not be underestimated. Regardless of the research implications, the educators in this school system have seen the wisdom of analysis of learning deficits followed by the establishment of attainable goals and means of reaching them. Global goal setting, i.e., preparation for life and living, have no meaning except in the broadest terms for children with specific learning disorders. With this group of children, the emphasis must be on the specific.

--Hallahan and Cruickshank, in
Psychoeducational Foundations of Learning Disabilities

That's the biggest report card I ever saw!

--Santa Cruz school board member,
upon viewing the BCP for the
first time.

THE BCP—
A MAP OF BEHAVIOR

The Santa Cruz Behavioral Characteristics Progression charts (abbreviated BCP) used by the teachers in the autistic-SED classroom have been mentioned earlier in this report, but deserve a separate chapter of explanation.

The BCP is a criterion-referenced tool for assessing the development of a handicapped pupil in terms of his behavioral characteristics. A complete and detailed behavioral description of the pupil--a map, as it were, of all the specific, observable traits he exhibits--is more important than his diagnostic label per se, in planning his instructional program:

> As a reliable measuring stick for the educational process, the characteristics used to describe and distinguish a pupil are most meaningful if observable and objective; in other words, they must be behavioral characteristics. . . . Behavioral characteristics represent a description of the pupil's demonstrated

> abilities or observable behaviors. Because behavioral characteristics can be confirmed through observation, educators can determine whether they have or have not been successful in teaching what they attempted to teach.[1]

The BCP allows the teacher to chart, graphically and with precision, the progress of her pupil, and set up realistic instructional objectives for him. Age levels and handicap labels (e.g., TMR, EMR, EH, etc.) have been discarded.

THE BCP AS A CRITERION-REFERENCED MODEL

The BCP, as a *criterion*-referenced evaluation tool, overcomes some of the limitations of standardized or *norm*-referenced tests and inventories. Housden and LeGear, in an article entitled "An Emerging Model: Criterion-Referenced Evaluation," comment that norm-referenced standards

> . . . do not indicate what an individual can do with respect to a specified instructional objective. Rather they indicate what an individual can do in reference to

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[1] Daniel P. Hallahan and William M. Cruickshank, *Psychoeducational Foundations of Learning Disabilities* (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1973), p. 51, citing report of Santa Cruz County Board of Education.

> other individuals, which may or may not be related to any specific instructional objectives.[2]

A criterion-referenced evaluation model, in contrast,

> . . . proposes to evaluate individual performance in relation to specified criteria rather than in relation to other individuals' performance. It evaluates in terms of criterion-referenced standards as opposed to normative standards. Criterion-referenced standards are defined to be absolute standards by which individual competency is judged. The emphasis of these absolute standards is upon what an individual can do in relation to specified behavioral objectives of instruction.[3]

The reader is referred to Appendix H, where this article is reprinted.

A DESCRIPTION OF THE BCP CHARTS

Under the leadership of Richard Struck, then Director of Programs for Exceptional Children and Adults, the BCP was developed over the course of three years (1970-1973) by the Santa Cruz County Office of Education, in consultation with hundreds of special education teachers, psychologists, speech and hearing therapists, and other recognized authorities in the field. Painstakingly, these experts detailed and classified more than 2,400 specific, observable actions or behavioral characteristics (abbreviated BC's) that might be displayed by a handicapped pupil.

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[2] Jack L. Housden and Lannie LeGear, "An Emerging Model: Criterion-Referenced Evaluation," Thrust, Vol. 2, No. 5 (April, 1973), p. 41. Thrust is a publication of the Association of California School Administrators.

[3] Ibid., p. 43.

The BC's were grouped into 59 areas or "strands":

1. Health
2. Attendance/Promptness
3. Feeding/Eating
4. Drinking
5. Toileting
6. Grooming
7. Dressing
8. Undressing
9. Nasal Hygiene
10. Oral Hygiene
11. Self-Identification
12. Sensory Perception
13. Auditory Perception
14. Visual Motor I
15. Visual Motor II
16. Gross Motor I
17. Gross Motor II
18. Pre-Articulation
19. Articulation
20. Language Comprehension
21. Language Development
22. Listening
23. Adaptive Behaviors
24. Impulse Control
25. Interpersonal Relations
26. Responsible Behaviors
27. Personal Welfare
28. Self-Confidence
29. Honesty
30. Social Speech
31. Social Eating
32. Attention Span
33. Task Completion
34. Reading
35. Math
36. Practical Math
37. Writing
38. Spelling
39. Reasoning
40. Music and Rhythms
41. Art and Crafts
42. Pre-Vocational Skills
43. Kitchen Skills
44. Homemaking Skills
45. Outdoor Skills
46. Sign Language
47. Fingerspelling
48. Speechreading
49. Orientation I
50. Orientation II
51. Mobility I
52. Mobility II
53. Wheelchair Use
54. Ambulation
55. Posture
56. Swimming
57. Articulation I
58. Articulation II
59. Health (specific)

The reader is referred to Appendix I , which contains copies (photographically reduced) of the three BCP charts. It will be noted that each strand has certain "identifying behaviors," describing the problem areas that particular strand covers. For example, the identifying behaviors of Strand 22, Listening, are:

--Seldom looks at speaker
--Doesn't look at teacher while being spoken to
--Doesn't maintain eye contact
--Doesn't follow teacher directions or instructions
--Answers questions incorrectly or not at all

If the pupil being charted exhibits one or more of these problems or identifying behaviors, then this particular strand might be a relevant or useful strand for the teacher to use in planning instructional objectives for him.

Each strand is shown as a long, horizontal column or strip on the BCP chart, containing up to 50 specific BC's, arranged approximately (not absolutely) in order of difficulty--starting with very primitive behavior in the first square or cell, and progressing gradually, in small, non-standardized steps, to relatively advanced behavior. Strand 22, Listening, to use this again as an example, contains 39 BC's starting with:

1.0 Looks in direction of speaker.

2.0 Looks directly at speaker.

3.0 Looks at face of speaker.

4.0 Looks at mouth of speaker.

5.0 Looks directly at speaker through duration of speech.

6.0 Maintains eye contact when spoken to or speaking.

7.0 Replies to conversational questions inappropriately (e.g., gives incorrect first name when asked).

8.0 Replies to conversational questions appropriately.

9.0 Performs behaviors or tasks designated by verbal instructions when given directly to the individual.

10.0 Follows directions when given to group.

11.0 Gets required materials (more than are necessary).

12.0 Gets required materials (only necessary amount or type) when asked.

13.0 Organizes materials to comply with directions.

14.0 Distinguishes between messages that differ by noun or verb (e.g., the dog goes away vs. the cat goes away).

. . . and so on, the progression of behavior continuing to the end of the strand.

HOW THE BCP WAS USED IN THE CLASSROOM

When the special autistic-SED class began, the staff carefully observed the behavior of each child for a few weeks before attempting to chart him on the BCP. The staff first had to decide which strands to use. Only those strands that were most pertinent to the pupil's individual problem areas--the areas in which his need for development seemed most critical--were selected.

The teacher, using a yellow felt-tipped pen, then colored in each square that contained a description of a skill or behavior the child had already acquired. The date of observation was noted. By reading further along the strand she then determined which skills the child could probably be expected to acquire next. After consultation with the psychologist and parents, she set this as her immediate instructional objective for him. The objective was indicated on the chart by a vertical pink line, along with a target date. When all the priority objectives were set, they then became "learner objectives."

As an example, below are the first four BC cells of Strand 37, Writing, as they might be marked by a teacher:

1.0	2.0	3.0	4.0	etc. →
Makes marks with pencil or crayon held in fist. 9-29-72	Scribbles with pencil or crayon held in fist.	Draws a vertical line, imitating adult.	Draws a horizontal line, imitating adult. 1-30-73	

The shaded ("yellow") square shows skills acquired by the date noted. Unshaded squares show skills still to be learned, with a vertical ("pink") bar indicating the instructional goal the teacher has set. In this (hypothetical) case, when school began in September, the child was able to hold a pencil or crayon in his fist and make marks on paper, but that was the extent of his writing skill. The teacher expected, however, that by January he would also be able to scribble, and, with help, draw both vertical and horizontal lines. This she set as the immediate instructional objective in the area of writing.

At regular intervals the pupil was re-assessed, his chart up-dated, and new priority objectives set. In this way the teacher and staff could not only closely monitor the child's behavioral growth, but could also determine how realistic were their expectations of him, and revise their classroom activities with him accordingly. (Sometimes a pupil would surprise the teacher with an unexpected spurt of growth, outstripping the original objectives she had set for him.)

Once having chosen certain BCP objectives for a pupil, how did the teacher reach those objectives? The chart itself, of course, does not indicate how to get from one objective to another. But the staff developed many instructional strategies related to specific BCP strands and cells. Some of these strategies are listed in Appendix G.

Choice of objectives is the teacher's decision since she is in the best position to judge time, materials, and staff constraints. The BCP is not intended to subordinate the pupil to charting progression. All children do not follow the same developmental sequence. The BCP is to be used to guide the teacher in identifying and communicating to others which behavioral characteristics a pupil displays and which he does not.

The staff found the BCP chart most helpful in parent conferences. The progress a child had made could be shown graphically and specifically, and teacher and parent could collaborate on setting new goals for him. The chart was also useful when the pupil began to make the transition to a new classroom, providing the new teacher with valuable and detailed information about her new charge.

WHAT STRANDS ARE APPLICABLE TO THE AUTISTIC-SED PUPIL?

A teacher or other observer may choose to assess a pupil on as few or as many behavioral strands as desired, but some are obviously more applicable than others.

The strands relevant to a program for autistic and SED pupils are numerous, but generally the ones most frequently used will be Strands 11 through 41, since the "identifying behaviors" of those strands describe the problem areas most frequently exhibited by such children.

The behavioral descriptions contained in the Santa Cruz BCP were carefully compared with descriptions of autistic children given by various authorities--the National Society for Autistic Children, the Queensland list, Hamblin, and the various authorities reviewed in McMillan's survey (see Chapter II). This comparison indicated that the BCP's "identifying behaviors" most frequently mentioned in describing autistic-like children fall under three particular strands: #23--Adaptive Behaviors, #24--Impulse Control, and #25--Interpersonal Relations.

The combination of BCP strands that are next most frequently correlated in the comparison are ones relating to self-image: #11--Self-Identification, #28--Self-Confidence, and #26--Responsible Behaviors.

Equally important were those relating to language: #20--Language Comprehension, #21--Language Development, #22--Listening, #30--Social Speech, #18--Pre-Articulation, and #19--Articulation.

The descriptions in those strands relating to perception appeared to be mentioned less frequently by the authorities, although Ornitz and Ritvo described the fundamental disturbance of autism as perceptual. These perceptual strands are: #12--Sensory Perception, #13--Auditory Perception, #14--Visual Motor I, and #17--Gross Motor II.

These strands, plus #32--Attention Span and #33--Task Completion, were deemed to be particularly important in the development of the curriculum and identifying pupil objectives.

A chart showing the comparison of BCP strands with various authorities' descriptions of autism may be found in Appendix J.

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RECOMMENDATIONS

1. The assessment of the autistic-SED pupil should include not only normative, standardized test results, but evaluations made by criterion-referenced, non-standardized assessment instruments.

2. The Santa Cruz Behavioral Characteristics Progression chart (BCP) or comparable criterion-referenced instrument should be used in the program consistently over a number of years.

Chapter V

TRANSITION:
THE BIG ADVENTURE

Every opportunity that can reasonably be taken to advance the child's formal education by conventional means should be taken. It does, of course, require skill and experience to recognize these opportunities but, once recognized, no special knowledge is required beyond that possessed by any teacher. As soon as any considerable proportion of the child's day can be devoted to formal school activities the question of his transfer, at least part-time, to some suitable school or class, where he can develop further in company with normal children must be carefully considered, remembering that he may remain emotionally vulnerable.

--Sybil Elgar, "Teaching Autistic Children," in Early Childhood Autism

Every child was terrified the first time in "Real School." Diane's hands were clammy. Douglas was a bundle of nerves, and looked as if he'd literally burst. Eric sat on my lap and was absolutely quiet, a sure sign he was afraid. Matt dragged his feet, literally and figuratively. Kristy held my hand and stroked it with her other hand. (She's never done that before or since!) I gave them constant reassurance that it was O.K., that they wouldn't have to do anything they couldn't do.

--from Mrs. Foster's notes

EDUCATING THE "UNEDUCABLE"

The Santa Cruz project was an attempt to provide education for children who, prior to their admission to the special class, were generally considered uneducable. No other existing school program was able to deal with the erratic and disruptive behavior they displayed; no other classroom would take them.

Part of the Santa Cruz experiment was to determine if any of these so-called "uneducable" youngsters, after participating in an "intensive short term, therapeutic, remedial instructional program," might be integrated into a regular class program. Seven of the 11 children who attended the special class over the course of three years attempted the transition into what the youngsters called "Real School." Two were quite successful, four met with qualified success, and one was deemed not ready for the change. (This will be described in full in Chapter VI.)

Any child can be expected to feel some fear or nervousness when he enters his neighborhood school for the first time. But for a child who suffers extreme anxiety at even the smallest change in his daily routine, the transition from a special class into a new classroom full of strange new faces and activities can be a truly terrifying experience. For this reason much time and careful planning went into the transition phase of the Santa Cruz program.

This phase was considered so important and critical that during the 1973-74 school year the classroom teacher and project coordinator, Mrs. Shirley Foster, devoted half of her working day to it. She made all arrangements with the receiving school, and accompanied each child to his new classroom, staying reassuringly by his side at the start of his great and often frightening adventure into "Real School."

Most of the notes and recommendations in this chapter are distilled from her detailed anecdotal records.

PREPARATION FOR TRANSITION

Each child was considered individually. When the instructional staff felt that a particular youngster might be ready for regular school placement, consultations were held with the program manager, the staff psychologist and the child's parents. If it were agreed that the child was ready for transition to "Real School," one of the most difficult parts of Mrs. Foster's job began: finding a suitable receiving classroom.

Mrs. Foster, understandably enough, found that many schools were less than eager to take on the responsibility of what they considered a "problem child," a child who might disrupt the classroom of an already over-burdened teacher. Persistence, persuasion, and many hours of conversation with local school district administrators, principals, and teachers, were often necessary before a school agreed to accept a particular child. It was stressed to all concerned--teacher, principal, parents (and pupil)--that the placement was on a trial basis only.

The transition teacher was then invited to observe the special classroom in action, and confer at length with the staff about her new pupil, his unusual behavior, and the teaching methods she might have to employ with him. His BCP, anecdotal records, and cumulative folder were examined and discussed. It was felt that this extensive briefing was necessary before the transition teacher made the final commitment as to whether or not she would "take on" the child. ("It was like putting a child out for adoption," said Mrs. Foster.)

When it was finally decided that the child was going to attempt transition, he was carefully prepared for the change to come. It was explained to him in detail what was going to happen to him, and the explanation was repeated for several days. He was praised for being "ready for Real School" (it was written on the board, and his classmates would applaud him), and constantly reassured: "Real School is not too hard. You don't need to know the things the other kids know. We will help you with things you don't know how to do, just as we helped you with other things before," and so forth.

At the same time the transition teacher prepared her students for the arrival of their new classmate, explaining that he had never been in "a regular school" before, might be scared, and needed their help. (Generally the children responded in a most kind and sympathetic manner, often "adopting" the new student, and helping him when they could. There were very few incidents of teasing.)

Transportation to the new classroom was by parents' car or taxi. If by cab, an effort was made to secure the same driver for every trip.

Mrs. Foster explained to the driver beforehand about the unusual young passenger he would have.

THE SLOW AND GRADUAL PROCESS

Because autistic-like children are highly resistant to and fearful of change, the transition process was a very slow and gradual one. Mrs. Foster and, when possible, the child's parent, accompanied him to his new class, where he stayed for only a brief period of time--perhaps 15 minutes at first. Depending on the rapidity of his adjustment, the time he spent in the regular classroom was gradually increased. Simultaneously, Mrs. Foster and the parent decreased the time they spent with him in his new class, so that finally, when he was able, he was on his own.

Each step in the transition process was a small one: on the first trip to the new school the youngster simply looked at the empty classroom. On his next visit he met his new teacher. On his third visit he briefly observed his classmates-to-be at the most structured part of their school day. Repeated encouragement and assurance was given him, and he was never left alone.

Each subsequent visit to the classroom became longer. Mrs. Foster (or the parent) at first stayed close by his side, then moved to the back of the room, still staying within his sight. Then she moved to the room next door, or stood outside in the corridor. At length she merely drove with him to school and dropped him off. Finally he traveled to school in the taxi all by himself. Some children took longer to reach this point than others did, but no youngster was left on his own until he was ready.

After he made the full transition, Mrs. Foster continued to consult with the transition teacher every few weeks, to follow his progress. (She notes: "We should expect, and be ready for, a temporary regression after about two weeks of attendance on his own, without the special teacher.")

Following every session in the transition classroom the child was praised: "It's not too hard for you to go to Real School! Good for you!" If the transition proved too much for him to handle and the attempt abandoned, the child needed warm and frequent assurance that he had not failed.

Sometimes a child would be making good progress in his transition class one year, but then the following year would be unable to continue, simply because at that time, because of various difficulties, no school could be found that would take him. The staff had to make sure he understood this was not a personal failure on his part, but only because there was no "Real School" for him to go to.

EDUCATING THE EDUCATORS

According to Mrs. Foster, one of the major problems of the transition program is locating a receptive "Real School," and a suitable transition teacher. The autistic-SED pupil often needs constant, one-to-one supervision at first, which is a lot to expect of a busy teacher with a full class to manage. EH teachers are often unavailable, having more requests for their services than they can accommodate. Sometimes the child's parent is able to stay with him in the class, but parents are not always the best teachers.

Mrs. Foster feels that many educators do not fully understand the unique problems of the autistic-SED youngster, and that "education of the educators" is necessary to remove some of the fear and prejudice that many feel toward such a child. She believes that other teachers and administrators should frequently be invited to visit the special classroom and observe the class in action.

This orientation is especially important, she says, for the prospective transition teacher:

> It's an absolute necessity that the transition teacher visit the special class before she agrees to take a pupil. But before that, a conference must be held with her to explain what kinds of children we have, what to be prepared for when observing. She needs to understand that, out of necessity, our teaching methods may be very different from hers. For example, we spend a lot of time explaining the child's emotions to him; other children often have to wait while the teacher helps the acting-out child. The autistic fear of annihilation and feelings of omnipotence must be explained.

When a pupil begins his transition to a regular school, Mrs. Foster suggests it would be desirable (though not always possible) that some kind of brief in-service training be given to all the personnel at the new school with whom the child might come in contact--bus drivers, custodians, aides, as well as teaching and administrative staff--so that he may be received with as much understanding and support as possible.

In her notes Mrs. Foster makes further observations she feels the receiving school should be aware of:

> We must make it clear that the goal in attending transition class is not necessarily academic. Token participation may be the only goal at first, or modeling peers. It is very important that the child experience success, and that he not experience failure. For some children, realizing either of the above goals would be, of itself, a minor miracle. The

transition personnel need to realize how far back the child was a year ago, or even six weeks ago, in order to appreciate the progress he's made, and in order not to set too high a goal for themselves or the child. Conversely, for our part, we should be careful not to expect too much of the transition teacher, especially at first. The time set for daily participation in transition school cannot depend only on how much the child can take, but also on how much the teacher and the other children can take.

RECOMMENDATIONS

1. Procedures shall be established to provide for the transition of autistic and SED pupils into regular private or public school programs as outlined in this chapter.

2. A project coordinator or resource specialist shall be assigned the task of expediting this transition, and coordinating special and regular educational programs.

3. In providing for the further education of a child in an autistic-SED class, many transition possibilities should be considered: regular or private pre-school, kindergarten, or elementary schools; EMR or TMR classes; Educationally Handicapped or Learning Disabilities classes (either on a one-to-one basis, or as part of a small group).

Chapter VI

EVALUATION: HOW EFFECTIVE WAS THE SANTA CRUZ PROGRAM?

> The teachers and parents most able to help the children are those who find their rewards in whatever progress is made, whether it is large or small. They believe in the value of every individual, however handicapped. The occasional remarkable successes they accept as a special bonus, but find their major interest and satisfaction in the task of guiding each child forward at the pace which suits him best.
>
> --Lorna Wing, in Autistic Children

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SOME GENERAL REMARKS

The results of the Santa Cruz pilot project were carefully reviewed, using various evaluation procedures, to determine if the program had successfully met its stated objectives.[1] The original aim of the program was that all of the autistic-SED pupils enrolled would show improvement in behavior and response to an educational environment, and that at least 20% of the enrollment would subsequently enter a regular school program.

In general the Santa Cruz project did meet these objectives. All of the 11 pupils[2] enrolled exhibited a measurable growth in social maturity, and nine of the 11 showed intellectual growth.

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[1] AB 1859 required that an evaluation report on the pilot be submitted, together with recommendations as to the feasibility of establishing the program on a state-wide basis. See Appendix B.

[2] A twelfth student entered the class in May of 1974. Although his teachers report he is making excellent progress and is a likely candidate for transition in the near future, he is not included in this evaluation, because he has been in the program so short a time.

Seven of the 11 attempted the transition to other school programs, six of them with some degree of success. In every child the parents saw progress.

This chapter describes in detail the changes observed in the children during the time they attended the special class. It outlines the evaluation procedures used, and gives some suggestions concerning the evaluation process.

EVALUATION PROCEDURES

Evaluation procedures employed were: BCP charting, pre- and post-testing at Manresa Diagnostic Center, extensive parent interviews, careful observation of the children in the special class and in the transition classrooms, the use of the video tape recorder, and the keeping of detailed anecdotal records.

The use of the BCP--the Santa Cruz Behavioral Characteristics Progression chart--has been described fully in Chapter IV. The BCP was used not only to assess the pupils, but also to assist in defining behavioral objectives and to monitor behavioral growth and development. The staff set "learner objectives" for each child, selected from those BCP strands considered most pertinent to the individual pupil's particular adjustment or learning problems. When the child attained an objective, this was recorded on his chart.

Every six months the staff formally reassessed each pupil on the BCP, marking behaviors or skills he had acquired in addition to his original learner objectives. Parents also assisted in the updating of the BCP's.

(It should be pointed out that the BCP originally used when the program started in 1971 underwent revision to such an extent that the number of attained objectives recorded for a child for the year 1971-72 cannot strictly be compared to his gains recorded for subsequent years. Thus, the BCP gains reported in the case summaries included here are those recorded for the years 1972-73 and 1973-74.)

Test results obtained by the Manresa Diagnostic Center were also used in the evaluation and placement of the students. The children were re-assessed yearly to determine the progress they had made. The Cattell-Binet (Short Form) test was used to rate intellectual functioning. Social self-help skills were assessed on the Vineland Social Maturity Scale (VSMS). In a number of cases fine motor and gross motor performances were evaluated. Hearing, speech, and language development were also tested. The tests and evaluation procedures used at Manresa are described in detail in Chapter II, and a sample "work up" report from the Center can be found in Appendix E.

It was noted a number of times in the Manresa reports that a pupil's performance at the clinic during assessment was often lower than that observed in the special classroom. The staff concluded that the clinic setting, with people who were strangers to the child, did produce stress that hindered optimum performance.

Another important evaluation method was the interviewing of parents to determine if they perceived any changes in their children and in their families. The evaluation team asked them such questions as:

--What changes have you seen in your child during the time he has been in the special class?

--What changes have occurred in family attitudes and relationships among pupil, parents and siblings?

--How do you see the importance of the classroom?

--What recommendations do you have for the education of your child?

A sample of a parent interview report is given in Appendix F.

But perhaps the most important evaluation procedure of all was the staff's daily observation of the child, in both the special classroom and the transition classroom. Notes were kept on significant behavior, became part of the pupil's case file and cumulative folder, and were periodically reviewed. The use of the video tape recorder, described in Chapter III, was helpful in providing a visual record of a child's progress, since tapes of his classroom behavior could be compared with those made earlier.

RESULTS OF EVALUATION:
ELEVEN CASE SUMMARIES

The following brief case summaries, abstracted and condensed from voluminous class files, will indicate the growth each child evidenced while attending the special class. (Note: all names have been changed.)

JON M.

Attended Class: 9/71 to present (3 years)

Age at Entrance: 10 yrs. Age equivalency:
3 yrs. on CB
6 yrs., 8 mos. on VSMS

Diagnosed: Autistic

Description: Jon was one of the original children in the special class. When he entered he did not speak at all, but would produce throaty whines and odd guttural growls. Sometimes he pinched his lips together to avoid making sounds. He had no academic skills--was unable to copy circles or squares.

He was a boy of many fears. The rain and the wind especially frightened him, and he would spend much time looking out the window in great apprehension. He was afraid of mirrors or having his picture taken. He often "zapped" people--flicking his fingers in front of their faces as if to make them disappear. He seemed to fear being killed: once when the teacher started to carve a Halloween pumpkin, he reacted with terror to the sight of the paring knife. He had a ritual of exactly re-tracing his steps, which seemed to be a kind of safety measure for him. He would often run out of the room with no warning.

One of his main problems was understanding and appropriately expressing his emotions. He did a lot of kicking, biting, and hitting, but didn't seem to know it was because he was angry. Sometimes he would laugh when he was angry.

Changes: His speech has improved, is much clearer. He has mastered number concepts to 5. Has barely begun reading in pre-primer. Academically he has come from nothing to a level about the end of the kindergarten year. He writes his name, but usually as lightly as possible. He does his assignments willingly, and seems hungry for learning.

His fears have lessened. He still "zaps" people, but only very occasionally now. He has learned to say, "I'm mad" and hit the floor when he is angry--though he does it rather quietly. He does not kick or hit any more, except when very frustrated--which sometimes occurs when people repeatedly fail to understand his speech.

Transition Status: Jon was not considered ready for transition, and it was not attempted. He is entering puberty, however, and soon will be too old for the special class. Next semester he will probably be gradually integrated into a class for the mentally retarded.

JON M. BD: 9/11/61 AGE: 12-9

TESTS	AGE EQUIVALENCY June 1972	 May 1973	 June 1974	 Change in Months
CATTELL-BINET SHORT FORM	3-0	3-0	4-6	+18
VINELAND SOCIAL MATURITY SCALE	6-8	6-5	7-2	+ 6
PEABODY PICTURE VOCABULARY TEST	2-0	2-6	3-6	+18
DENVER DEVELOPMENTAL SCREENING TEST				
(Fine Motor Subsection)	2-6	4-0	---	+18

BEHAVIORAL CHARACTERISTICS PROGRESSION

	June 1973	June 1974
No. of strands assessed:	12	19
Total no. of objectives attained:	32	135

CHANGES INDICATED FROM PARENT INTERVIEWS (May, 1973)

1. Is more verbal.
2. Is more active in expression of feelings.
3. Pays attention.
4. Expresses anger by yelling and saying "I'm mad."
5. Enjoys school work.
6. Uses simple sentences.
7. Finishes tasks on own.

SUMMARY AND RECOMMENDATIONS OF PSYCHOLOGIST (June, 1974)

Jonny has experienced considerable intellectual and developmental growth. His test behavior was characteristically resistant and manipulative. He is obviously benefiting from his present school placement. Therefore, I recommend that he continue in the special classroom.

MATT P.

Attended Class: 9/71 to present (3 years)

Age at Entrance: 7 yrs. 4 mos. Age equivalency:
4 yrs. on CB
5 yrs. 4 mos. on VSMS

Diagnosed: Autistic

Description: One of the original class. Like Jon, was scared of wind and rain. Frightened too of any change in routine, even going out for recess. When upset he gave out a high-pitched scream. He screamed constantly. When reprimanded or "benched" for this, he would go limp, as if his legs were made of spaghetti. At the beginning, he was sometimes benched as many as 30 times in a two-hour period. Could not verbalize feelings.

He seemed to be very clumsy, sometimes staggering as if drunk, but would be able to deftly pick a ladybug out of the air without hurting it, then gently let it go. He walked with an odd gait.

He could pronounce all consonants and vowels, but used them inappropriately. He exhibited "lazy speech" and "autistic reversal." (Examples: "Grandma Lil" was pronounced "Gu-gu Loo." "Pat" became "Tap," and "Kit" was "Tik." For the word "money" he said "yen-om.")

After graduating from baby food, he would eat nothing but mashed potatoes and gravy, which his mother prepared for him, three meals a day.

Changes: He no longer screams at all and his behavior has very much improved. Writes his name, and in reading is almost through the first pre-primer. Loves to learn new words. Has number concepts up to ten. His speech has become much more understandable, and the reversal phenomenon has largely disappeared. Is now able to verbalize his feelings, though in a limited way.

The staff patiently worked with him to overcome his resistance to new foods. At a "Soup Party" he was required to eat 1/8 teaspoon of soup. This was a break-through for him, and thereafter began to experiment with different foods. He now eats "anything and everything."

Transition Status: He was gradually integrated into a kindergarten class, finally (1974) staying up to two hours a day. Liked it very much. Even started riding the school bus to the new class, accompanied by a neighbor boy. Placement could not be found for him for 1974 fall semester, but the staff hopes to get him soon into a first grade class with an EH teacher.

MATT P. BD: 5/4/64 AGE: 10-1

TESTS	AGE EQUIVALENCY			
	June 1972	May 1973	May 1974	Change in Months
CATTELL-BINET SHORT FORM	4-0	4-3	4-9	+ 9
VINELAND SOCIAL MATURITY SCALE	5-4	6-5	7-6	+26
PEABODY PICTURE VOCABULARY TEST	2-5	3-0	3-8	+15
DENVER DEVELOPMENTAL SCREENING TEST				
(Gross Motor Subsection)	2-6	3-9	3-6	+12
(Fine Motor Subsection)	2-6	3-0	4-6	+24
(Language Subsection)	3-0	4-0	6-0	+36

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973	June 1974
No. of strands assessed:	13	31
Total no. of objectives attained:	12	488

CHANGES INDICATED FROM PARENT INTERVIEWS (May, 1973)

1. Is better behaved--he does not scream.
2. Stays by himself in kindergarten one hour, fifteen minutes per day.
3. Plays at other homes in neighborhood.
4. Is no longer afraid of shower.
5. Speaks in complete sentences and phrases more often.
6. Knows basic number concepts.
7. Sings complete songs.

SUMMARY AND RECOMMENDATIONS OF PSYCHOLOGIST (May, 1974)

Matthew is holding his own intellectually and showing developmental growth. His behavior disorders continue. Therefore, I recommend continued placement in the program.

SUMMARY AND RECOMMENDATIONS OF SPEECH THERAPIST (May, 1974)

Matt's mother reports that he is showing improvement generally and it was noted that today, particularly, his behavior was greatly improved. He did not use any bizarre behavior and responded well to direction.

Though Matt continues to display some dysarthric speech, he has certainly shown improvement in both the language and behavior areas.

CARL A.

Attended Class: 9/71 to 2/73, then, after absence, 4/74 to present

Age at Entrance: 6 yrs., 3 mos. Age equivalency:
3 yrs. on CB
6 yrs. 1 mo. on VSMS

Diagnosed: Autistic

Description: Carl was one of the most volatile of the children. He was hyperactive, and had many social behavior problems. When he first came he had a habit of pulling his pants down and urinating on "anything or anybody." When he didn't want to do something he would throw himself on the floor, kick, yell, and bang his head. He insisted on wearing clothes that were much too big for him. He would completely disrobe in the classroom "in an instant, before you knew it." He had a disconcerting propensity for eating crickets, worms, paper, chalk and crayons. He "stork-walked"--walking stiff-legged on the tips of his toes. He avoided eye contact by closing one eye and cocking his head, or putting both hands before his eyes. In his classwork he always wanted to use black crayons, nothing else.

He had many fears. (Example: coming to class, if the car changed lanes, he would scream in terror, getting down on the floor of the car.) He would show anger, but then scare himself by his own display of emotion.

He seemed intelligent, and his articulation and vocabulary were good. (Examples: once when "crossed" he started pulling buttons off his shirt, saying quite clearly, "If you pull the button off you won't get to see Jesus." Another time he retired to a corner saying, "I'm going to meditate," which he did.) He had trouble with pronoun reversal, and tended to repeat things dozens of times.

Changes: The staff finally adopted the policy of calling for his mother to take him home when his behavior became too disruptive. This policy seemed to have almost instant success. His behavior is improved. He now can be reasoned with, and will sit still long enough to be talked to. He no longer eats strange things, bangs his head, kicks, screams or stork-walks. Still uses black crayons. Fears have somewhat subsided. Carl now sings with the group, instead of after them, as he always did before. His mother's formerly overly-passive reactions have become a little more assertive, which is seen as an improvement. Just recently his BCP charting showed a sudden surge in the acquisition of behavioral skills.

Transition Status: So far Carl's behavior problems have precluded the attempt to integrate him into a regular program. This may be tried in the spring of the coming year.

CARL A. BD: 6/5/65 AGE: 9-0

		AGE EQUIVALENCY		
TESTS	June 1972	June 1973*	June 1974	Change in Months
CATTELL-BINET SHORT FORM	3-0	---	4-0	+12
VINELAND SOCIAL MATURITY SCALE	6-1	---	6-4	+ 3

		GRADE EQUIVALENCY		Change in Grade*
PEABODY INDIVIDUAL ACHIEVEMENT TEST				
(Mathematics)	---	---	0	---
(Spelling)	---	---	K-7	---
(General Information)	---	---	0	---

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973*	June 1974
No. of strands assessed:	---	37
Total no. of objectives attained:	---	557

SUMMARY AND RECOMMENDATIONS OF PSYCHOLOGIST (June, 1974)

Carl has shown much intellectual growth considering the degree of his emotional instability. He is much more in control than he was a year ago, and his mother demonstrates much more effectiveness in dealing with him. I recommend he continue in the special program.

SUMMARY AND RECOMMENDATIONS OF EDUCATIONAL SPECIALIST (June, 1974)

Carl's general behavior is much more positive and less fearful. He did not exhibit the worrying type of behavior that he did during his previous evaluations. Social skills are still somewhat of a problem. Carl perseverates in his requests for treats or for activities. He is hyperactive. He does not stay with one task for any period of time. He is increasing in his ability to be cooperative and under direction attends fairly well to tasks. Carl should continue in the special classroom with the BCP items outlined in his school program.

*NOTE: CARL WAS ABSENT FROM THE CLASS FROM FEBRUARY, 1973, TO APRIL, 1974.

KATHY K.

Attended Class: 9/71 to 6/73 (2 school years)

Age at Entrance: 6 yrs., 1 mo. Age equivalency:
2 yrs. on CB
2 yrs. on VSMS

Diagnosed: Autistic (thought to be "a rubella baby")

Description: Kathy was a beautiful child, one of the original class. She was the least advanced, and made the least progress, of any child in the program. She too exhibited the "stork-walk." She had little or no eye contact; sometimes she held her hand in front of her eyes, then looked at the ceiling or directly into the sun. She needed a constant one-to-one supervision. She never sat still. She ate crayons, paint, glue, and magazines--and once ate almost all the wallpaper off the bathroom wall. She hit herself and banged her head hard on the floor. During the whole time she was in the special class she said only one word: "Bye." She did not seem to respond to praise or encouragement at all.

Changes: She showed no academic or intellectual growth at all. She abandoned her strange eating habits and self-injury, but did not give up looking at the ceiling or the sun. She did sit in the group and took part in some games, but in a very limited manner. She never established eye contact with others.

Transition Status: All the staff regretfully agreed that transition to another school program was contra-indicated. Kathy's (adoptive) parents finally sent her to Napa State Hospital.

KATHY K. BD: 8/15/65 AGE: 8-10

AGE EQUIVALENCY

TESTS	June 1972	May 1973	June 1974*	Changes in Months
CATTELL-BINET SHORT FORM	2-0	2-0	---	0
VINELAND SOCIAL MATURITY SCALE	2-0	2-2	---	+2
SPEECH, HEARING AND LANGUAGE	Essentially non-verbal No improvement			---

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973	June 1974*
No. of strands assessed:	10	--
Total no. of objectives attained:	16	--

CHANGES INDICATED FROM PARENT INTERVIEWS (May, 1973)

1. Most changes occurred since COOP opened--hyperactivity and resistance must lower, much easier to teach. However, parents plan to place her in Napa.
2. Eye contact improved 25%.
3. Bizarre behaviors decreased 75%.
4. Tries more--using lips to make "B", "P", and "M" positions.
5. Participates cooperatively in class activities.

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*NOTE: KATHY WAS TRANSFERRED TO AN OUT-OF-COUNTY PROGRAM AND WAS NOT IN THE 1973-1974 SPECIAL CLASS.

DIANE H.

Attended Class: 9/71 to 1/74 (2½ school years)

Age at Entrance: 10 yrs., 3 mos. Age equivalency:
5 yrs., 9 mos. on CB
7 yrs. 8 mos. on VSMS

Diagnosed: Autistic (previously diagnosed as retarded)

Description: Diane was the oldest of the original pupils and assumed a sort of leadership in the group, because she was ahead of the others. Initially she could speak little if at all. She clung to many persistent fears: of animals, going to doctor, water and washing hands, talcum powder, chair legs, etc. Whenever she got mad or upset, she screamed--an "unbelievably shrill, blood-curdling scream." (One teacher reported a temporary hearing loss in one ear because of the intensity of Diane's screaming. Once, at home, her parents said, she screamed 13 hours without stopping.) Small changes in daily routine--such as the electricity unexpectedly going off--would disturb her greatly.

She had a fear of the letter "D," the first letter in her name, and it took much reassurance from the staff before she had the courage to write it down. She also had great difficulty saying the word "yes" (not uncommon with autistic children). The onset of puberty in 1973 brought problems; she repeatedly hit her breasts, crying "No be big girl, be baby." Usually clean and neat, she began to neglect her grooming. Once she attacked a teacher, and another time put her hand through a window.

Changes: Diane made a great deal of progress in the class. She lost many of her fears, and greatly increased her self-sufficiency. She loved learning, and could understand concepts such as "thinking." She learned phonics and was reading almost at a first year level.

Transition Status: Diane successfully attended a public elementary school for 45 minutes of tutoring each day by an EH teacher. In the fall of 1973, however, no tutor could be found for her, and she returned full time to the special class. At this time her problems with puberty began, and her family situation at home seemed to be under great strain. Although her parents felt she had made significant progress in the special class, they felt they had no alternative except to place her in a residential care facility. Diane went to Napa State Hospital early in 1974.

DIANE H. BD: 6/5/61 AGE: 13-0

TESTS		AGE EQUIVALENCY		
	June 1972	May 1973	June 1974*	Change in Months
CATTELL-BINET SHORT FORM	5-9	5-3	---	- 6
VINELAND SOCIAL MATURITY SCALE	7-8	8-8	---	+12
PEABODY PICTURE VOCABULARY TEST	6-2	4-5	---	-21
PEABODY INDIVIDUAL ACHIEVEMENT TEST		GRADE EQUIVALENCY		Change in Grade
(Math Subsection)	1.0	0.9	---	-.1
(Reading Subsection)	1.4	1.5	---	+.1
(Spelling Subsection)	1.5	1.8	---	+.3
(General information Subsection)	.0	.0	---	.0

BEHAVIORAL CHARACTERISTICS PROGRESSION

	June 1973	June 1974*
No. of strands assessed:	40	---
Total no. of objectives attained:	97	---

CHANGES INDICATED FROM PARENT INTERVIEWS (May, 1973)

1. Has almost completely eliminated bizarre behavior.
2. Talks all the time now; previously was mute.
3. is now able to go to the store and buy shoes; previously her bizarre behavior precluded this.
4. Takes good care of herself; cooks her meals, washes and dresses herself; locks doors, turns out lights, etc.
5. Has learned phonics and spelling this year.
6. Has increased the amount of time spent with E. H. teacher.

*NOTE: DIANE WAS PLACED IN A PROGRAM OUT OF THE COUNTY EARLY IN 1974, AND THUS COULD NOT BE EVALUATED AT MANRESA IN JUNE, 1974.

ANGELA L.

Attended Class: 9/71 to present (3 years)

Age at Entrance: 6 yrs., 1 mo. Age equivalency:
3 yrs. 9 mos. on CB
4 yrs. 5 mos. on VSMS

Diagnosed: Autistic

Description: Angela was "a little pixie," but had many bizarre physical mannerisms. She too did the "stork walk," and would leap about, flapping her hands. She had strange eye movements. When she came she could not reach for anything--objects had to be directly in front of her before she would take them. She had an inordinate affection for umbrellas and for a scarf she constantly carried around with her. She frequently cut her hair. Sometimes she hit herself, and kicked at the teachers.

She had little effective speech, much of which was echolalic. She, like Diane, could not, or would not, say the word "yes." Often, however, she would jump up and yell, "No!" for no apparent reason. When afraid of something (she was very frightened of paste, for example), she went about saying, "No scare, no scare," over and over. For two years she also frequently repeated the syllables "Tay-tay," to the mystification of the staff. One day, however, when someone asked her what it meant, she surprised everyone by answering clearly, "Too many changes." Often she whispered her replies.

Changes: She has shown little academic progress, but much of her bizarre behavior, such as stork-walking and odd eye movements, has been extinguished. The staff used various strategies to teach her to reach for things. She still likes umbrellas, but they are no longer a fetish with her. She seems interested in school and eager to learn, but her situation is complicated by a rather bleak and troubled home life. The first year she did quite well in school, but when she returned after summer vacation she seemed to have regressed. At the present time she seems to be at a stand-still.

Transition Status: After six months in the special class a transition was attempted. On the first visit to the kindergarten, however, a mischievous classmate put a snake in her lap, which understandably upset her greatly. She was taken back for a second visit, but the transition proved too big a jump for her, and the attempt was abandoned. The staff feels that if her severe family problems were alleviated--perhaps by placement in a foster home--she might progress more rapidly in school, and then might be a candidate for transition in the future.

ANGELA L. BD: 8/29/65 AGE: 8-10

TESTS	AGE EQUIVALENCY June 1972	April 1973	June 1974*	Change in Months
CATTELL-BINET SHORT FORM	3-9	4-6	4-9	+12
VINELAND SOCIAL MATURITY SCALE	4-5	4-8	---	+ 3
DENVER DEVELOPMENTAL SCREENING TEST				
(Gross Motor Subsection)	"Weak"	"Average"	---	---
(Language Subsection)	2-6	2-9	---	+ 3
BERRY TEST OF VISUAL MOTOR INTEGRATION)	3-10	4-6	---	+ 8

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973	June 1974
No. of strands assessed:	10	14
Total no. of objectives attained:	33	78

CHANGES INDICATED FROM PARENT INTERVIEWS (April, 1973)

1. Attends 50% better.
2. Prints her name.
3. Counts to 15.
4. Ties her shoes.
5. Is more "cuddly."
6. Has eliminated: fear of loud noises, crossing of eyes, whispering replies, rolling eyes, hitting self, kicking teacher.

*NOTE: RETESTING IN 1974 NOT COMPLETED. CIRCUMSTANCES PRECLUDE REPORTING THE PRIVILEGED INFORMATION THAT THE JUNE, 1974 REPORT CONTAINS.

KRISTY J.

Attended Class: 11/71 to present (little less than 3 yrs.)

Age at Entrance: 6 yrs., 9 mos. Age Equivalency:
2 yrs. 6 mos. on CB
4 yrs. 3 mos. on VSMS

Diagnosed: Autistic (possibly also partially deaf)

Description: Kristy was afraid of the special class at first, and had to be bodily carried into the classroom. She was afraid of many things (like clapping), and developed safety rituals to protect her, such as walking with closed eyes three steps ahead, three to the left, three backwards. She had many bizarre eye and head movements, most of them seemingly designed to avoid eye contact: wrinkling her nose, closing her eyes, blinking them, turning her head. She seemed to go through phases--taking up one odd sort of behavior, like blowing at people, then dropping it, only to take up another, like snorting and prancing about like a horse. When angry she would push, kick, hit and spit. Could not play with others.

For the entire first year in class she had no speech, communicating only with gestures and unintelligible sounds. One day, however, the teacher accidently poked her, whereupon Kristy said, "Ow!" in a completely normal tone of voice, then looked sheepish, as if she'd been found out. The teacher said, "We'll expect you to use words from now on." And from that point on Kristy made great progress.

Changes: Kristy learns fast. She has dropped a good deal of her bizarre behavior, though new "phases," usually lasting about two weeks, keep cropping up now and then. She learned to play with others. Her speech is still a problem, though much improved. She reads, writes, and has number concepts at about a first grade, second semester level. In fact, she does just about everything but speak at a first grade level.

Transition Status: Kristy attended kindergarten part-time for about three months last semester. She fit in well, though had difficulty in doing workbook because she found it hard to follow directions. Except for her language problem, she is academically quite ready for first grade work. It is hoped an EH teacher will be available to tutor her in the coming year.

KRISTY J. BD: 2/8/65 AGE: 9-4

TESTS	AGE EQUIVALENCY March 1972	June 1973	June 1974	Change in Months
CATTELL-BINET SHORT FORM	2-6	2-9	5-6	+36
VINELAND SOCIAL MATURITY SCALE	4-3	6-4	8-0	+45
BERRY'S TEST OF VISUAL MOTOR INTEGRATION	2-9	4-1	6-2	+41
LANGUAGE	Still severe hearing loss. Is more conscious and motivated in speech area.			

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973	June 1974
No. of strands assessed:	17	24
Total no. of objectives attained:	11	137

CHANGES INDICATED FROM PARENT INTERVIEWS (June, 1973)

1. Has progressed most during last seven weeks.
2. Reacts spontaneously (with speech) to questions. Only gestures one year ago.
3. No longer demonstrates bizarre behaviors.
4. Traces, draws, pastes.
5. Follows directions.

SUMMARY AND RECOMMENDATIONS OF PSYCHOLOGIST (June, 1974)

Kristy has shown outstanding growth intellectually, developmentally, and behaviorally. The mother attributes the growth to the school program and the present stern but loving babysitter. Mother also reports that she controls Kristy better since she has seen others deal with her effectively and since she is not stuck with her all the time. Mother was cooperative and pleasant. It was apparent to this examiner after watching Kristy relate to the babysitter that her failure to understand or articulate clearly in the test situation was really only very sophisticated resistance. Kristy needs to continue with the special class where this resistance can be dealt with effectively.

LAURA D.

Attended Class: 4/72 to present (more than two years)

Age at Entrance: 8 yrs., 10 mos. Age equivalency:
2 yrs., 1 mo. on CB
3 yrs., 7 mos. on VSMS

Diagnosed: Autistic

Description: Laura has the physical appearance of a little monkey or wizened gnome, and is somewhat asymmetrically developed. She has had difficulty at home. She had just started in the special class when her mother died. Shortly after this her stepmother had a new baby, and 11 months later another one. The staff felt Laura's progress was "frozen" by these traumatic events, and strengthened her resistance to the efforts of the teachers.

Her emotional responses were inappropriate. She smiled all the time, especially when she was mad or sad (as when her mother died). She had a habit of "tracking" with her hands and feet--moving them back and forth in an odd manner when walking. She was able to say the first two letters in a word, but was afraid to say the whole word.

Changes: She made progress in non-academic areas during her first year: learning colors, directions, etc., and now displays more appropriate emotional responses--she can show when she's mad. The "tracking" with the feet has been eliminated, but not with the hands. She showed a small improvement in speech and number concepts. Her progress the second year, however, seems to have slowed to almost a standstill.

Transition Status: No transition was attempted. She is entering puberty now, and is too old for kindergarten or first grade. She may be tried in a TMR class in the future.

LAURA D. BD: 5/30/63 AGE: 11-1

TESTS	AGE EQUIVALENCY June 1972	 May 1973	 June 1974*	 Change in Months
CATTELL-BINET SHORT FORM	2-1	3-0	---	+11
VINELAND SOCIAL MATURITY SCALE	3-7	4-3	---	+ 8
DENVER DEVELOPMENTAL SCREENING TEST				
(Fine Motor Subsection)	No Improvement		---	

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973	June 1974
No. of strands assessed:	12	17
Total no. of objectives attained:	22	58

CHANGES INDICATED FROM PARENT INTERVIEWS (May, 1973)

1. Has "stabilized".
2. Is willing to try more than once.
3. Is very resistant, more so than one year ago (new baby in family).
4. Sings whole song but words unclear.
5. Has a "real" smile now, but still uses smile and laugh to show anger.

*NOTE: LAURA AND PARENTS WERE UNABLE TO MEET APPOINTMENT AT THE MANRESA CENTER IN JUNE, 1974.

DOUGLAS I.

Attended Class: 4/72 to present (more than two years)

Age at Entrance: 8 yrs. Age equivalency:
4 yrs. on CB
3 yrs., 7 mos. on VSMS

Diagnosed: Extreme childhood anxiety (plus other physical problems--a sickly child)

Description: In appearance Douglas resembled a little chipmunk, a slight, frail child with buck teeth. His mother had died when he was 13 months old, and his childhood was very unhappy. He was ill much of the time. His intense fears inspired much odd and sometimes provocative or violent behavior. He spoke in a shrill, artificial voice, and had a high, anxious laugh. He threw things (once through a window) and broke things. He kicked, hit and spit, but never cried.

He had a habit of grabbing people around the neck and hugging their head until it hurt. He had a phobia about dinosaurs. He constantly repeated the gesture of sifting imaginary sand through his fingers. He could not play with other children. He had some echolalia. He could not write his own name (though he knew how to do it, and could write other words) and deliberately spelled it wrong time after time.

Changes: After a slow start, Douglas seemed to grow up all of a sudden, in a remarkable spurt of growth. Part of this might be ascribed to an improvement in his home situation after his father remarried. He no longer speaks or laughs in a high, artificial manner except when upset. He does not throw or break things, or throw tantrums. He has learned to cry. The fear of dinosaurs is gone, as is the head-hugging and the sand-sifting. He now plays with other children. He can read, write, and understand number concepts at a first grade, third month level.

A break-through came one day when he was required to write his name on the board. He resisted doing this, going through an elaborate pantomime of dry retching to get out of it. The teacher remained calm, however, and quietly but firmly insisted he complete the writing of his name. (He later admitted the "throwing up was to scare you.") He finally successfully wrote his name, and has had little trouble doing so since.

Transition Status: For one year he has been attending a regular school two days a week, being tutored by an EH teacher, and has done well. In the 1974 fall semester he will enter an ungraded elementary class in his neighborhood. (Though older than most of the other children, he is small in stature, and should not be conspicuous in a group of younger pupils.) It is anticipated that, if all goes well, he will be completely integrated into his new class by January of 1975.

DOUGLAS T. BD: 4/21/64 AGE: 10-2

TESTS	AGE EQUIVALENCY April 1972	May 1973	June 1974	Change in Months
CATTELL-BINET SHORT FORM	4-0	5-0	7-6	+42
VINELAND SOCIAL MATURITY SCALE	3-7	---	9-0	+65
DENVER DEVELOPMENTAL SCREENING TEST				
(Gross Motor Subsection)	3-6	5-6	---	+24
(Fine Motor Subsection)	2-0	3-3	---	+15
(Language Subsection)	3-6	5-6	---	+24

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973	June 1974
No. of strands assessed:	17	35
Total no. of objectives attained:	34	532

CHANGES INDICATED FROM PARENT INTERVIEWS (May, 1973)

1. Has improved in classroom behavior--Now sits still and follows instructions.
2. Is learning to print his name.
3. Does not need a volunteer in classroom anymore.
4. Dresses self and gives self a bath.

SUMMARY AND RECOMMENDATIONS OF PSYCHOLOGIST (June, 1974)

Doug's initial test behavior was bizarre and manipulative, however he responded positively to limits and expectations of appropriate behavior. By the end of the test period, his behavior was normal for a ten year old boy, and he was able to discuss with this examiner the difference between bizarre behavior and normal behavior. It is not known by this examiner, however, how long he can sustain normal behavior and productivity, but it is my impression that with limit-setting persistence from the adults around him and without other bizarre-behaving models that he can sustain normal behavior. I therefore recommend that a staffing be held before September, to include County Office of Education teachers, Soquel School District representative, parents, and this psychologist to determine a more appropriate school placement for Doug--possibly a non-graded situation at Capitola School.

STAN B.

Attended Class: 2/73 to present (about 1½ years)

Age at Entrance: 6 yrs., 10 mos.

Diagnosed: Emotionally disturbed/culturally deprived (also evidence of retardation, epilepsy, and ataxia of optic nerve)

Description: Stan was acknowledged to be retarded, but could not be placed in an MR class because of his unmanageable and anti-social behavior. He could not play with other children and was the bully of the playground. He wanted all the toys, all the attention, everyone looking at him. He often hit himself and others, and was constantly bumping into people "accidentally." When reprimanded for this he would "go into a whole routine he turned on just like a faucet": blinking his eyes provocatively, then crying artificially, then yelling at the teacher "Go home!" or "Dum-dum!" (to him the ultimate insult). He has no father at home and a poor family environment. He tires easily and when over-exerted perspires heavily and behaves almost as if drunk. Although there have been no epileptic seizures in the classroom, the doctor says Stan's epilepsy is worsening.

Changes: In spite of all his problems, Stan has made what for him is great progress. In the special class he learned, apparently for the first time, the advantages of courteous behavior. He stopped being a bully and now can play cooperatively with other children. His bizarre and anti-social conduct is largely gone, except when he is very tired. He can write his name, and understands number concepts up to three.

Transition Status: For about a month he attended kindergarten for brief periods of the day. If his physical condition permits, he may try the transition into an EMR class in the coming year.

STAN B. BD: 4/13/66 AGE: 8-2

TESTS		AGE EQUIVALENCY		
	June 1972*	June 1973*	June 1974	Changes in Months*
CATTELL-BINET SHORT FORM	---	---	4-3	---
VINELAND SOCIAL MATURITY SCALE	---	---	5-6	---
PEABODY INDIVIDUAL ACHIEVEMENT TEST		GRADE EQUIVALENCY		Change in Grade*
(Mathematics)	---	---	---	---
(Reading Recognition)	---	---	K.1	---
(Spelling)	---	---	K.8	---
(General Information)	---	---	---	---

BEHAVIORAL CHARACTERISTICS PROGRESSION	June 1973*	June 1974
No. of strands assessed:	--	14
Total no. of objectives attained:	--	74

CHANGES INDICATED FROM PARENT INTERVIEWS (June, 1973)

1. Works independently.
2. Much improvement in listening, following rules, tone matching, and social speech.
3. Attention span has increased 100%.
4. Completed first stage of transition into kindergarten.

SUMMARY AND RECOMMENDATIONS OF PSYCHOLOGIST (June, 1974)

It is this examiner's opinion that much of Stan's present behavior disorders can be attributed to his retardation. I recommend that he be transferred to an EMR class in the fall.

SUMMARY AND RECOMMENDATIONS OF EDUCATIONAL SPECIALIST (June, 1974)

Personal-social and language development appear to be Stanley's strengths. He is indicating a visual-motor integration delay of over four years and some delays in the gross-motor area. As Stanley's behavior appears to now be entirely manageable, an appropriate school placement could possibly be an EMR program.

*NOTE: STAN ENTERED THE PROGRAM IN FEBRUARY, 1973, AND THEREFORE HIS MANRESA EVALUATION CANNOT BE COMPARED WITH PREVIOUS SCORES.

ERIC S.

Attended Class: 12/72 to 6/74 (1½ yrs.--"graduated")

Age at Entrance: 3½ yrs.

Diagnosed: Emotionally deprived (Possible mild receptive aphasia)

Description: Eric was the youngest of all the children in the special class. He could not speak at all and had no eye contact. It was as if, his teacher said, "he'd been born on an island someplace and just left there." He had very little experience of the world, a very meager emotional background. He had had no playmates or friends beyond a stuffed dog. He seemed to like cuddling, but didn't quite know how to respond to it. He exhibited some of the behavior patterns of the "terrible twos"--open defiance, screaming, wild hyperactivity. Often he would run out of the classroom. He had been in the class for two months before he uttered his first spontaneous words: " 'Bye, Shirley! " one day after class.

Changes: Perhaps because of his previous deprivation of experiences and emotions, he seemed extremely eager to learn. Everything was new to him. He has now stopped screaming and running away. No longer so hyperactive, and now loves playing with others. His speech is much improved, though still shows a lag in receptive speech ability, which may be due to aphasia. He talks all the time now. Still is not very cuddlesome, but getting better. He can draw, read and write numbers up to ten, and has started reading in a pre-primer--though the staff was not pushing him to do so. He has a great imitative ability, which served him in good stead at first, but the staff decided it was time for him to move on when he began imitating some of the bizarre behavior of his classmates.

Transition Status: Eric is the first full-fledged "graduate" of the special class (which, according to the staff, serves to emphasize the advisability of starting special education for such children at an early age). In 1973 he began attending nursery school, at first for two hours a day, three days a week, and eventually working up to full-time, four days a week. He passed kindergarten entrance tests with flying colors, and will start there full-time this year.

Note: The summary of Eric's Manresa test results was not available.

THE USE OF CRITERION-REFERENCED DATA IN EVALUATION

The evaluation of each child in a program for autistic and seriously emotionally disturbed pupils must be idiographic.

The implication of this statement is that each child must be treated uniquely. The extreme difficulty that frustrates intellectual development is different for each child. One cannot characterize the child as simply a member of a "group of autistic-SED pupils," and use only normative-referenced variables to evaluate him. The distinctiveness of each child makes unrealistic a solely normative approach to their training or their evaluation. Each has his own way of dealing with the real world of parents, siblings, and the educational system. For this reason, both normative and criterion-referenced data were used.

Important sources of evaluation information are anecdotal records of incidents and the judgments of significant adults in the child's life. In order to maintain useful anecdotal records, all adult personnel should be trained to attend to meaningful incidents and to record them appropriately. This training of personnel should extend to classified as well as to credentialed people.

If possible, the school district or county office should supply simple forms or check-lists for the recording of such anecdotes. The BCP can serve as a form of "check-list" that is helpful in monitoring and evaluating behavior. This instrument's simple language facilitates the evaluation of progress, the setting of objectives, and the communication between parents and teachers. Frequency of the BCP charting may vary somewhat, depending upon the child and the teacher, but this task should be done informally at least once every week.

USE OF THE Q-TECHNIQUE IN EVALUATION

The discomfort a family experiences when faced daily with the negative behaviors of an autistic or seriously emotionally disturbed child frequently provokes anger, shame, guilt, and feelings of inadequacy. It is essential that part of the program effort be focused on helping the child's family, because of the great influence the family behavior exerts upon that of the child.

All of the professionals and para-professionals dealing with the pupil should meet with family members on a regular basis. Parents should be encouraged to participate as much as possible in the planning and evaluation of the child's program. Efforts should be made to reduce parental anxiety and increasing acceptance of the child. It is important that parents be aware of their attitudes toward their child and his educational program.

There are three techniques advocated by Dr. Steve Sheldon, program evaluation consultant, for the measurement and evaluation of potential attitude change: semantic differential, adjective check-list, and Q-Technique.[3] Of the three, he feels the Q-Technique is the most flexible and gives the most usable data. The steps in developing and using Q-Technique are as follows:

First a structure must be determined for the Q-Sort. This structure should contain categories of attitudes to be examined and possibly changed. A possible structure might contain, for example, these four categories: 1) attitudes toward the child, 2) attitudes toward the educative process, 3) attitudes toward self in relation to the child,

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[3] M. S. Sheldon and A. G. Sorenson, "On the Use of Q-Technique for Educational Evaluation and Research," Journal of Experimental Education (Winter, 1960).

4) attitudes toward the community as a result of the educational process.

For each of these four categories, an equal number of items or statements are developed, reflecting positive and negative attitudes. This produces a 2 x 4 paradigm. There could be, for example, six items in each category, or a total of 48 items. Sample items:

> Positive Toward Child: "In spite of his handicap, I have a genuine affection for my child."
>
> Negative Toward Child: "My handicapped child shouldn't be allowed to socialize with the rest of the family so frequently."
>
> Positive Toward the Educative Process: "The school is making a real improvement in the behavior of my child."
>
> Negative Toward the Educative Process: "The school is essentially baby-sitting, and little of substance is being done for my child."
>
> Positive Toward Self: "I find I can be an active, helpful parent to my handicapped child."
>
> Negative Toward Self: "I feel ashamed of myself because I don't really want this child around me."
>
> Positive Toward Community: "School and neighborhood are very supportive and understanding of the special problems involved in rearing a handicapped child."
>
> Negative Toward Community: "Most adults in the community don't take the trouble to understand the special problems involved in rearing a handicapped child."

When a child is admitted to a special program, the parents are asked to describe themselves and their attitudes in terms of these Q-Sort items; that is, they are instructed to sort and record their responses according to the degree to which they agree with each particular statement. Scores are assigned to various items, depending on the order in which they have been placed. (See Appendix K for sorting and scoring instructions.)

This sorting and scoring process should be repeated on a regular basis thereafter. It is suggested this be done at least every two months, and preferably after a parent meeting session. The differences or discrepancies in the scores given various items in subsequent sessions will be indicative of changes in attitude that have occurred.

The Q-Technique may seem complex, but it is not. Once the Q-Sort is constructed, the sorting and scoring are relatively simple.

The technique lends itself to a variety of data analyses. By noting the discrepancy of change scores for each item of the Q-Sort, the evaluator can determine, for instance, in what ways the subjects have seen the greatest change in themselves. On a more sophisticated level, correlation coefficients can easily be computed between any two sorts. These correlations can be interpreted as overall indices of change, i.e., the lower the correlation coefficient, the more change.

Other useful data can be extracted from the Q-Sort technique. For example, parents may sort for their "ideal self," or how they would most like to feel, and compare that description with how they actually see themselves. Another variation might be to have the professional staff of the project--teachers, speech therapists, nurse, and psychologist--describe the "ideal parent" with the Q-Sort. This would indicate the direction in which the professional staff would wish to move the parents.

Overall, the success of the family involvement segment of the program can be evaluated by measuring the attitudinal changes that have taken place in the parents.

RECOMMENDATIONS

1. The Department of Education and local educational agencies shall employ a sufficient number of qualified personnel whose primary responsibility is to design, develop, and implement state and local systems of evaluation for special education.

2. Every comprehensive plan for programs for autistic and SED pupils submitted for approval to the State Superintendent of Public Instruction shall have an evaluation component as an integral part of the plan.

3. The administrator of special education who has primary responsibility for programs for autistic and SED pupils in each geographic area encompassed by a comprehensive plan shall compile, interpret, and report evaluation data to the State Department of Education as specified in guidelines developed by the State Department of Education.

4. Each geographic area encompassed by a special education comprehensive plan shall be audited as often as appropriate during the period for which it was approved. Such audit shall be conducted on the actual program site and shall investigate and observe pupil, program, and process information.

5. The Department of Education and local educational agencies shall co-sponsor or conduct independently periodic in-service training opportunities and workshops for local staff responsible for the evaluation of special education programs and services.

6. State funding shall be allocated for the current-year recovery of all evaluation costs.

7. The evaluation plan for special day classes or centers for autistic and SED pupils shall be idiographic in form, as follows:
   a. The Santa Cruz Behavioral Characteristics Progression (BCP) instrument, or comparable criterion-referenced instrument, shall be used for the evaluation of pupil's progress.
   b. The instructional staff shall maintain detailed anecdotal records for each pupil.
   c. Where appropriate, according to the child's developmental status, normative-referenced test data shall be used for the evaluation of pupil progress.

8. The evaluation plan may include a Q-Sort technique for evaluating the attitudes of parents, staff or agency personnel toward the program. The Q-Sort technique may be used at least once every two months in conjunction with the program's parent education or counseling sessions.

9. Each child's educational objectives shall be set no later than one month after observation and assessment by the instructional staff, based upon criterion and normative referenced data.

10. Each pupil's educational objectives shall be evaluated formally twice each year by the pupil's teacher, in cooperation with the pupil's parents.

11. All classified and credentialed instructional staff members shall be provided appropriate in-service training in observation and reporting techniques.

12. For any pupil who is able to make the transition from the program for autistic or SED children to a regular public school program, periodic meetings shall be held between the pupil's parent, transition teacher, and the program's teacher or resource specialist, in order to set and evaluate the pupil's objectives in his transition program.

Chapter VII

MANPOWER PLANNING AND DEVELOPMENT

> In selecting people to do this work the teacher's personality comes first. Teachers of autistic children must be very positive people. It is true that passive teachers can be excellent in some subjects, . . . [but] that kind of method does not seem to work with autistic children; the teacher has to be much more outgoing and giving. She must have a warm, positive personality--make friendly and kindly but active contact--and can have no false dignity. Teachers of these children have to be able to get down on the floor, and they have to put up with a good deal of hugging from a child whose size would otherwise make it inappropriate.
>
> --Mary D. Wilson, "Problems in Providing Special Education," in Early Childhood Autism

PUTTING TOGETHER THE STAFF FOR THE SANTA CRUZ PROJECT-- A BRIEF HISTORY

In the spring of 1970, the Santa Cruz County Office of Education was asked by the County Mental Health Services Department to provide a speech therapist one day per week for the children enrolled at the Pediatric Treatment Center (PTC). This contracted service was the County Office of Education's initial involvement with the autistic-like and SED children of the county.

Several months later the PTC requested the county office to provide an instructional program for the children. Because there were no county funds available, the Santa Cruz City school district was asked to provide instruction. It did so, on the basis of the diagnosis of "severely emotionally disturbed," as provided for under the California Administrative Code, Title 5, Section 3230 (Educationally Handicapped). This instructional program began in the spring of 1971.

At the time that plans were being formulated to provide this program of instruction through the local district, the County

Director of Programs for Exceptional Children and Adults prepared and submitted an E.S.E.A. Title III project proposal. This proposal included a request for funds for the rental of space, equipment, and the salary of a certificated teacher, a permit teacher, and two days of speech therapy.

A permit teacher position was requested because it was necessary to have someone with extensive experience in a DCHM program, and familiarity with the strategies used in teaching severely emotionally disturbed children.

Due to the shortage of funds, speech therapy services were cut from the approved project budget for 1971-1972. However, in the '72-'73 project proposal, funds for one day of speech therapy were approved.

When the program began, each pupil had a volunteer aide to assist him. During the second year one-to-one volunteer aide help was not needed for all children, because of the improvement in their behavior and adjustment to the program.

The support staff, in addition to the Pediatric Treatment Center personnel, included a school psychologist and school nurse, assigned to the project by the County Office of Education's Director of Pupil Personnel Services.

A part-time custodian cleaned the classroom daily, after the students had left for home.

In February of 1973, a special grant was awarded the Santa Cruz County Office of Education to evaluate the ongoing pilot program and to develop an evaluation plan or design for future autistic-SED programs. Funds were provided for an evaluation staff.

The same year additional funds allowed the hiring of an instructional aide to assist in the classroom.

WHO DOES WHAT?-- USING THE TASK BASE COMPOSITE

To aid in precisely defining the role of each staff member and determining a workable staff-to-pupil ratio, the Santa Cruz Task Base Composite (TBC) was used.

The TBC (then being field-tested as part of the Santa Cruz Title VI-B and Title III Special Education Management System project) is a highly-detailed master check list describing the hundreds of specific tasks that may be performed by staff members working in a program for exceptional children.

When fully utilized, the Santa Cruz TBC task list may not only help in the identification or selection of staff tasks, but also provide for the assignment and monitoring of those tasks, place a time parameter on each task, and provide for the determination of the cost of each task.

The TBC also may aid in the budget development process by making it easier to determine the man hours, equipment, supplies, and special staff skills needed to meet the program's pupil objectives.

Because the TBC task list is comprehensive, explicit and precise, it was found to be a valuable basic tool in program planning. A sample TBC "first run" used in the Santa Cruz project, and showing the assignment of program tasks to the administrator, teacher, permit teacher, instructional aide, speech therapist, psychologist and school nurse can be found in Appendix L .

DUTIES AND QUALIFICATIONS OF THE STAFF

The staff that works with autistic and seriously emotionally disturbed children must be carefully chosen. The work requires a special kind of person--one who not only has experience in the management of aberrant behavior, but one who can respond to these children with patience, understanding and love.

The Santa Cruz staff included a classroom teacher, a permit teacher, an instructional aide, a bus driver, a psychologist, a speech therapist, a nurse, and a program administrator. There follows a description of the qualifications found to be necessary for each of these positions.

THE CLASSROOM TEACHER. The program teacher or program specialist recruited for the autistic-SED classroom should be a certificated primary or special education teacher, experienced in handling handicapped children.

She should be able to set firm, clear limits for her pupils, and provide abundant praise as well. Persistence, patience, flexibility and openness to new ideas are invaluable personal attributes. A sense of humor and a balanced personality will help her through many days which may be trying and tiring.

A teacher of autistic-SED children must have an understanding of the behavioral characteristics of her pupils, must be proficient in the use of both negative and positive reinforcement and other control and reward systems, and must have had training in setting pupil objectives.

She must also be able to instruct the children in language skills, social and self-care skills, listening, relaxing, perceptual and motor skills, and behavior control. She must provide support for pupils in transition to regular school by staying with them in the new classroom and regularly consulting with the transition teacher. She must evaluate each child's progress and set new objectives.

She must conduct staff meetings and case conferences; provide direction to support staff; confer regularly with parents; provide information and guidance to visitors; arrange for substitutes; assist the program administrator in reviewing and revising program objectives; and provide cooperation in program and staff evaluations.

THE PERMIT TEACHER. The permit teacher should have experience in working with disturbed children in such settings as a Development Center for Handicapped Minors or a state hospital serving autistic and SED children.

She must be capable of following the lead of the classroom teacher in dealing with behavioral problems, attaining pupil objectives, and keeping records and anecdotal notes.

A permit teacher is needed full-time to assist the classroom teacher in all areas of instruction, including the evaluation of the pupils and parents in conference.

THE INSTRUCTIONAL AIDE. The instructional aide provides guidance and supervision in activities involving instruction, games, sports, arts and crafts, and recreation. She helps wash and "toilet" the children who need assistance. She does the "housekeeping" in the classroom.

She helps teach table manners, and assists the children in learning how to care for themselves. She prepares the materials for arts and crafts activities. She aids the teacher in activities for the development of coordination, motor control, body awareness, number concepts, reading and speech skills, color recognition. She leads the children in singing and exercises and reads to them.

THE BUS DRIVER. The bus driver picks up the children from their homes and transports them by bus to their classroom, and returns them when instruction is over.

He must meet all the requirements that a regular school bus driver meets, but in addition should be skilled in the management of his special passengers while in transit.

THE PSYCHOLOGIST. The psychologist must hold a general Pupil Personnel credential, authorizing work as a school psychologist, and be experienced in evaluating a wide variety of exceptional children.

The psychologist consults with the classroom teacher and staff regarding the management and education of the children. Through the use of standardized and non-standardized tests and scales he assesses each pupil prior to placement, and makes program recommendations. He interviews and counsels parents. He assists in the transition of the children into the regular school system through liaison contacts with administrators and teachers, and consults with transition teachers.

He attends staff meetings and participates in conferences. He serves on the Admissions, Review and Discharge Committee.

THE SPEECH THERAPIST. The speech and hearing specialist must hold a valid regular credential and should be experienced in working with autistic, aphasic or severely speech handicapped children. Actual classroom teaching experience would be desirable.

The speech therapist must be capable of evaluating the clinical status and future potential growth of each pupil in speech and language skills; providing direct instruction to children in the areas of speech articulation and language development; consulting with teacher and staff regarding speech and language strategies and activities for the children; discussing each pupil's progress with his parents and showing them how they might assist at home. The speech therapist should attend all case conferences.

THE SCHOOL NURSE. The school nurse must hold a nursing credential and a public health nurse certificate. She should be available no less than two hours per week to perform the following tasks: observing children in the classroom for possible health problems, at the request of the teacher; advising the staff regarding medication and health care; visiting parents regarding pupils' health; coordinating referrals dealing with dental care for children; coordinating ophthalmological services for students; following up on hearing and testing results; attending staffing at district or county Diagnostic and Counseling Centers; serving on the Admissions, Review and Discharge Committee when the child is referred for placement; and making recommendations concerning placement.

THE PROGRAM MANAGER OR ADMINISTRATOR. The program manager should be an able and credentialed administrator who has the support of the superintendent and the board. He must have extensive experience in the development and management of a wide variety of programs and projects dealing with special needs of children.

He has responsibility for the overall management and operation of the program, as well as other programs for exceptional children and adults. He participates in staff meetings, provides information and decisions regarding the development of the program; prepares and monitors the application of funds; and serves as liaison with other district, county and state agencies, and with the Advisory Committee, if one has been appointed to serve the program.

TRAINING OF THE STAFF AND VOLUNTEERS

Staff training may include lectures, demonstrations, in-service training sessions, on-the-job feedback and visits to other facilities.

The training should emphasize that autistic-SED children need structure, praise, and an awareness of their own feelings. Particular attention should be given to the meaning underlying a child's autisms, odd gestures and other bizarre or negative behavior.

The training should specify "how-to" techniques for counteracting and modifying such behavior: "benching," "time-out," verbalization of feelings, ignoring inappropriate behavior, negative and positive reinforcement, self-control and setting limits.

The staff member learns to repeat to the child over and over that the adult is in charge, will protect him, and will not ask him to do anything he cannot do.

Staff members also should be taught how to talk with parents of autistic-SED children, and how to deal with the fears and uncertainties these parents may have.

In addition to initial training sessions, there should be perhaps three to four hours per month of in-service training. At this time the staff can get together with "job-alike" personnel to discuss ideas and share feelings. Though there are at present few public school programs for autistic-SED students in California, visits to such facilities are an important way the staff may gain perspective.

The Santa Cruz staff visited the San Francisco Therapeutic Educational Center (an E.S.E.A. Title III project); Langley Porter Neuropsychiatric Clinic's Children's Treatment Program; Children's House in Carmel Valley (under the auspices of the Monterey Behavioral Sciences Institute); the program of the Contra Costa County Office of Education (one of the pilot programs authorized by AB 2403, and funded by E.H.A. Title VI-B); and the Children's Treatment Center and Satellite Home Program of the Camarillo State Hospital.

There should also be an opportunity for all personnel--psychologist, nurse, aides, classroom and permit teachers, speech therapist and possibly the volunteers--to meet together weekly to share not only observations regarding pupils, but feelings and viewpoints. At these weekly meetings frustrations should be aired and worked out.

In-service training should also involve directed instruction in behavior modification, family dynamics, communication and pupil management. If staff members are resistant to behavior modification strategies, they should be given an opportunity to verbalize their feelings. They should be encouraged to incorporate different ways of teaching into their own style of teaching.

An important part of staff training is the feedback that parents and others may provide. Frequently outsiders visiting the classroom (there were over 150 such visitors to the Santa Cruz project in 1972-73) may supply constructive, useful suggestions to the staff.

Another valuable feedback device is the use of a video tape recorder to record classroom activities. The tape may be played back later so the staff may observe and evaluate their own teaching methods.

RECOMMENDATIONS

1. One full-time credentialed teacher or program specialist should be assigned to each class of six autistic-SED pupils.

2. Each certificated teacher should have a background in special education, with training or experience in the areas of communication, perceptual-motor development and learning disabilities.

3. The teacher should be allocated no less than 25 hours per child per year for developing and monitoring a transitional program.

4. Program planning should include optimal time for parent-teacher conferencing on no less than a once-per-week basis.

5. The classroom teacher should have the opportunity of determining how the support staff should be used outside of those tasks associated with mandated duties, i.e., diagnosis and re-evaluation.

6. The classroom teacher should have the assistance of a qualified permit teacher to assist with her six pupils.

7. The classroom teacher should also have an assigned aide. The aide should have training prior to assignment. In some situations, the aide may be used as a bus driver.

8. Volunteers from local colleges and secondary schools may be utilized in the program. Assignment should be preceded by careful selection and in-service training. Assignments may be related to an established campus course or program to insure attendance and effort.

9. Paid and nonpaid work experience students from local high schools, community colleges or universities should be encouraged to participate in autistic-SED programs as a possible vocational objective.

10. Each class should have the support of a qualified and experienced psychologist for no less than four hours of direct service per week. This assignment should include program responsibilities such as parent counseling, assessing each pupil's instructional objectives, refining instructional strategies, and conducting staff training sessions.

11. The school nurse should be assigned no less than two hours per week to each class to perform those tasks associated with health counseling, use of medication, health record-keeping, vision and oral hygiene.

12. Each special day class program should receive no less than two days of speech therapy per week, since most autistic-SED pupils have severe communication disorders.

13. All programs should provide home to school transportation. The driver, or driver-aide, should have a complete understanding of the needs of each child and how he can best be managed. Pretraining is a prerequisite. The school bus

should be limited in capacity to no more than eight pupils. In some instances the presence of an aide or volunteer assistant may be required.

14. An in-service training program for staff should be provided for in the program budget under "Program and Staff Development."

15. Use of the Santa Cruz Management System utilizing the Task Base Composite should be considered to identify those staff tasks associated with the successful achievement of the learner and program objectives. The TBC may also be used to establish a basis for budget preparation related to tasks and time, and provide for the evaluation of staff performance based upon the tasks assigned.

16. The assessment of manpower for programs for the autistic-SED in California should be made by the State Department of Education on an annual basis. Projected shortages and excesses in the state for this category of special education personnel set forth in the Master Plan shall be determined and reported to all appropriate agencies.

17. Manpower planning shall implement affirmative action guidelines to achieve an integrated work force.

18. The district or county shall bear the responsibility of offering consultation and training regular teachers, to better equip them for dealing with those individuals with exceptional needs who can be integrated into regular programs.

19. General education shall be encouraged, through the provision of in-service education to its teaching and administrative staffs, to provide for the education of children with minor emotional and behavioral problems, and shall decrease its reliance upon special education for services to these individuals.

Chapter VIII

THE CLASSIFICATION SYSTEM: WHERE DO THE AUTISTIC-SED FIT?

CLASSIFICATION--
SOME GENERAL COMMENTS

We have earlier, in Chapter II, considered the medical or diagnostic description of the autistic or seriously emotionally disturbed child or adult. In this chapter we shall review California's classification system for handicapped or exceptional individuals, and see where the autistic-SED pupil fits into that "system."

There are certain dangers and difficulties in setting up any classification system that attempts to categorize pupils with exceptional needs. But a classification system is necessary for purposes of pupil placement, for record-keeping and for funding. A "classification" is not just a description of a child's behavioral characteristics. It is also a label that, for admission and funding purposes, and for curriculum planning, designates how his program objectives match with other pupils in his program. A classification system also provides for the differentiation and description of those behavioral characteristics that tend to make each category of exceptionality unique.

There is no clear distinction between diagnostic labels that characterize individuals and describe their behavioral traits, and labels that categorically or generically describe programs. The terms "educationally handicapped," or "mentally retarded," for example, are program labels, not medical disgnostic labels. The term "physically handicapped" is both a program and medical label.

The current classification system employed by California health, mental health, and educational agencies, although presently being revised and improved (see below), does not effectively deal with the diversity of exceptional individuals. Handicapped children have sometimes been placed in certain programs only because funds, staff or facilities happened to be available at the time, and not because it was necessarily the best program for them.

Fiscal support for different program classifications is at best inequitable, inconsistent and haphazard. The problem is compounded by the fact that "classifications" and "labels" employed by federal agencies often do not match those used by the State Department of Education. See the "Comparison of Terms" chart in Appendix M.

THE CURRENT CLASSIFICATION SYSTEM-- A CONFUSION OF OVERLAPPING DEFINITIONS

Section 7027 of AB 4040, introduced in the 1974 session of the California legislature by Assemblyman Frank Lanterman, proposes a new and improved classification system for handicapped individuals. This system will not, however, fully supplant the system currently in use until 1978.

At this writing (1974) the classification system in use in California divides handicapped or exceptional individuals into five main categories:

1. Educationally Handicapped (EH)
2. Mentally Retarded (EMR)
3. Severely Mentally Retarded (SMR)
4. Physically Handicapped
5. Multi-Handicapped

It can be seen that trying to fit an autistic or SED pupil neatly into one of these categories may present difficulties. The child may exhibit aphasic-like or other severe oral language handicap, and thus fit into the "Physically Handicapped" category. But evidence of mental retardation or retarded functioning may also be present. And although he may fit technically into the "Educationally Handicapped" category, most EH programs do not meet the needs of the autistic-SED pupil, and, as stated earlier, few such pupils are actually enrolled in them.

To be more specific: it is difficult, if not impossible, for the purposes of program development to reconcile the definitions contained within the eligibility provisions for Educationally Handicapped pupils, California Administrative Code, Title 5, Section 3230 (see Appendix D). Sub-section (b) sets forth a definition of a "Specific Behavior Disorder" that includes such terms as "school phobia, adjustment reactions, withdrawal, lability, or impulsiveness." A "Serious Emotional Disturbance," as defined in sub-section (c), refers to "learning or behavior disorders" that preclude the pupil from attending "ordinary education facilities." There are

> . . . pupils who exhibit, to a marked degree, one or more of the following characteristics:
>
> (A) Inability to learn that cannot be explained by intellectual, sensory or health factors.
>
> (B) Inability to maintain satisfactory relationships with peers and adults.
>
> (C) Inappropriate behavior or affect under normal circumstances.
>
> (D) A pervasive and prolonged state of depression or anxiety.
>
> (E) A tendency to develop psychosomatic symptoms.
>
> (F) A profound disorder in communication and socially responsive behavior (autistic-like).

Sub-section (c) goes on to suggest that "despite the serious emotional disturbance, the pupil can profit from instruction provided by an education program."

The classification definitions contained in the California Education Code are also difficult to reconcile, and contribute to the problems in program development and placement. For example, Education Code Section 6802 describes "Physically Handicapped" pupils as follows:

> **§ 6802. Pupils considered physically handicapped**
>
> Any * * * pupil who, by reason of a physical impairment, cannot receive the full benefit of ordinary education facilities, shall be considered a physically handicapped individual for the purposes of this chapter. Such * * * pupils include the following, as defined by the State Board of Education:
>
> (a) The deaf or hard of hearing.
> (b) The blind or partially seeing.
> (c) Orthopedic or health impaired.
> (d) The aphasic.
> (e) The speech handicapped.
> (f) Other * * * pupils with physical illnesses or physical conditions which make attendance in regular day classes impossible or inadvisable.
> (g) * * * Pupils with physical impairments so severe as to require instruction in remedial physical education.
> (h) Multihandicapped.

But Section 6802.2, dealing with maximum class sizes for these pupils, refers to the following classifications:

> **§ 6802.2 Maximum class size for special day classes; waiver; request to exceed maximum class size**
>
> The maximum size for any special day class authorized by subdivision (a) of Section 6802.1 is as follows:

Types of pupils in class	Ages 3 through 8 years	Ages 9 through 20 years
Deaf	6	8
Severely hard of hearing	8	10
Combination of deaf and severely hard of hearing	6	8
Blind	8	10
Partially seeing	10	12
Combination of blind and partially seeing	8	10
Orthopedic or other health impaired	12	16
Aphasic	6	8
Other physically handicapped		20
Deaf-blind multihandicapped	3	5
Other multihandicapped	6	8

It is uncertain what is exactly meant by a "combination of deaf and severely hard of hearing," or a "combination of blind and partially seeing," and makes reporting, funding, categorizing or placement procedures less clear.

Inherent in each classification system is the problem of relating behavioral characteristics with class enrollment and the potential staff-to-pupil ratio. For example, referring to Section 6802.2 above, it is difficult to justify a maximum class enrollment of 12 "orthopedic or other health impaired" pupils--who may be afflicted by cerebral palsy and whose intellectual behavior or mental functioning may be multi-handicapped as well--while, with the same basic staffing of a teacher or an aide, pupils within the same age range who are aphasic, but not otherwise handicapped, benefit from a maximum class enrollment of only six.

ASSEMBLY BILL 4040

The new classification system set forth in Lanterman's AB 4040, mentioned earlier, seems an improvement on the old. Lanterman's system would (for reporting purposes) divide handicapped individuals into four main classifications and sub-classifications:

1. THE COMMUNICATIVELY HANDICAPPED, which includes
   --the deaf
   --the deaf and blind
   --the severely hard of hearing
   --the severely language handicapped, including aphasic
   --the language and speech handicapped

2. THE PHYSICALLY HANDICAPPED, which includes
   --the blind
   --the partially seeing
   --the orthopedically handicapped
   --those with other health impairments, including
   drug dependency and pregnancy

3. THE LEARNING HANDICAPPED, which includes
   --the educationally retarded
   --those with learning disabilities
   --those with behavior disorders
4. THE SEVERELY HANDICAPPED, which includes
   --the developmentally handicapped
   --the trainable mentally retarded
   --the autistic
   --the seriously emotionally disturbed

This new classification system, though it may in practice present some of the difficulties inherent in all classifications systems, seems more specific, workable and clear than the current one. It is hoped that it may soon be fully implemented in California, since handicapped individuals, and autistic-SED youngsters in particular, are ill-served by the inadequacies of the present classification system.

RECOMMENDATIONS

1. A single pupil classification, "individuals with exceptional needs," shall be used to satisfy the regular reporting and fiscal requirements of all special education programs. The classification of pupils as "individuals with exceptional needs" shall also provide for those pupils whose educational needs cannot be fully met by the regular classroom teacher, but who may be enrolled part or full time in a regular class with appropriate modifications of program.

2. Each classification of exceptionality must be behaviorally unique, and provide for: 1) learning through alternate or modified sensory modalities, 2) prescribed objectives

with appropriate methods and techniques developed under a modified curriculum, which more specifically prepares the pupil for adult life and vocational adequacy, 3) regular instruction when health or mobility allows, and 4) enhancing each pupil's talents and creativity.

3. The classification system set forth in Section 7027 of AB 4040 (Lanterman, 1974), as well as all subsequent legislation and regulations relating to individuals with exceptional needs, should include the description of behavioral characteristics, in order to guarantee the maximizing of federal, state, and local resources.

4. The California Education Code and Title 5 of the California Administrative Code, as they relate to special education and programs and services for individuals with exceptional needs, should be recodified and updated to eliminate redundant language, conflicting descriptions, and program options and sections which, by their omissions of law and regulation, preclude the offering of certain services and programs.

5. Assembly Bill 4040 (Lanterman, 1974) should be amended to provide also for adults with exceptional needs, so that all comprehensive plans may include this neglected population.

Chapter IX

DELEGATION OF RESPONSIBILITY: THE LOCAL COMPREHENSIVE PLAN

WHO IS RESPONSIBLE?— SOME PROBLEMS

Adequate monitoring, review, evaluation, and enforcement of rules and regulations is not possible at the present time in special education in California because of the existence of fragmented, incomplete and confusing designations of responsibility and authority. The school districts, community colleges, offices of the county school superintendents, the State Department of Education, the federal government, and the private sector all have been assigned some responsibilities or opportunities, but often these differ from program to program. This has resulted in overlapping activities, conflicting authorities, and gaps in needed services.

Special education in California has evolved over the course of the past 113 years. Many different programs for individuals with exceptional needs have been developed during that time, each for essentially different reasons--usually in response to the demands of parent groups. Each developmental phase has required new laws, regulations, policies, standards, and guidelines. This evolutionary pattern has resulted in an overall special education service which is a conglomerate of duplicated and disjointed efforts.

The division of responsibility or support among various governmental entities makes adequate monitoring of the many special education programs impossible, because of differing reporting requirements. For example, review and evaluation of each of the more than one thousand district, community college, county, and special state or private education programs has not been done effectively because each reported its expenditures on different forms, did not report at all, or assigned true costs to other programs or services.

The lack of clearly stated lines of authority and responsibility, and the absence of any penalty for failure to follow the law or state regulations, make the enforcement of regulations or laws a farce. The present state of confusion and duplication does not, therefore, provide all individuals with equal educational opportunity, nor does it guarantee services that fully meet the needs of those who require special education programs.

In fact, our present state funding system rewards those who expend little local tax effort, because the state has historically sought the average cost of providing services to determine the level of state funding. For example, if a district reports an average per pupil expenditure that is $1,000 above the state "average," it receives less state support than the district that reports a per pupil expenditure of $1,000 less than the "average," in terms of the state/local support ratio. If District A reports an expenditure of $3,000 per exceptional pupil, and District B reports $[illegible]000, and if the state support is $2,000--one can readily see which district will benefit most from a state support based upon the "average" established by an inadequate reporting system.

THE LOCAL COMPREHENSIVE PLAN—WHAT IT SHOULD CONTAIN

Obviously there is a need to designate and delineate clearly the responsibilities and authorities of the various educational agencies, to implement performance of assigned responsibilities, and to insure full accountability for the quality of special education.

As a means of achieving the above, it is proposed that each educational agency prepare a local comprehensive plan that sets forth in detail the programs and services it provides for individuals with exceptional needs. Such a comprehensive plan should include provisions for:

1. Accommodation of all autistic-SED individuals, from the most severely handicapped to the minimally handicapped. (Even if autistic-SED children do not exist within the geographic area covered by the comprehensive plan, the plan should indicate how they would be served should they be identified.)

2. The differential grouping of these pupils in a special day class or center program according to their particular instructional needs, as determined by the Santa Cruz Behavioral Characteristics Progression (BCP) or other criterion-referenced tool.

3. Programs and services which meet standards specified by the State Department of Education.

4. A full range of programs and service components with costs based upon an analysis of tasks required to meet learner objectives.

5. Qualified and sufficient administrative, supervisory and consultive personnel, including program and resource specialists.

6. Pre-school "case-finding" and parent education.

7. An adequate level of psychological, medical, educational, and pupil personnel support services for performing such functions as diagnosis, assessment, and evaluation.

8. Procedures for planning, evaluation and reporting which are explicit, valid, and feasible.

9. Coordination of interagency services.

10. Curriculum development, in-service education, and supervision of the staff.

11. Periodic monitoring of program effectiveness through objective normative and criterion-referenced measures of pupil progress.

12. Contractual arrangements for providing services through non-public and non-sectarian programs. (Such arrangements should have prior approval of the State Superintendent of Public Instruction and should be reviewed annually.)

13. A Community Advisory Committee.

14. Procedures whereby a parent or guardian may appeal a decision regarding placement or services offered to his or her handicapped child.

15. Explicit due process procedures for all pupils, including those of minority ethnic background, to assure equality of access to and egress from special education programs.

16. Adequate program funding and auditing procedures.

Each district, community college, and county school board should approve its unit's participation in the comprehensive plan and assume responsibility for its full implementation. The manner of submission of the plan is outlined below.

RECOMMENDATIONS

1. Each responsible local agency that provides special education and support services to individuals with exceptional needs within its service areas shall prepare a local comprehensive plan for providing those services.

    a. The local comprehensive plan shall include a description of the program or services that shall be provided through the agency to serve all individuals with exceptional needs residing within the geographic boundaries covered by the comprehensive plan.

    b. Each local comprehensive plan shall meet the criteria established by the legislature, by the State Board of Education, and the Commission for Special Education.

    c. The local comprehensive plan shall be submitted through the office of the county superintendent of schools to the State Superintendent of Public Instruction.

d. Once approved, the plan shall become the document for the coordination, control, and evaluation of the special education activities within the service area.

2. Any school district that intends to provide a comprehensive program for autistic-SED individuals may develop its own comprehensive plan.

3. Any school district--including a community college district--that does not have an approved comprehensive plan for autistic-SED pupils shall join the office of the county superintendent of schools and other such school districts within the county to develop a joint comprehensive plan.

a. If any district at a subsequent time feels prepared to do so, it shall submit to the office of the county superintendent of schools a declaration of its intent to submit its own comprehensive plan for autistic-SED pupils. The office of the county superintendent of schools shall confer with the district to aid in the development of the plan. The developed comprehensive plan shall be submitted to the office of the county superintendent of schools. The office of the county superintendent shall review the district's comprehensive plan for compatibility with other comprehensive plans in the county and make recommendations, if indicated, to the district and to the State Department of Education for suggested changes in the comprehensive plan.

b. When the comprehensive plan for the autistic-SED is approved by the State Department of Education, the district shall assume those responsibilities prescribed by the Education Code and California Administration Code, Title 5.

4. Contiguous districts or contiguous counties, with the participation of the community colleges within the territory, may submit a comprehensive plan for approval by the State Superintendent of Public Instruction when it can be demonstrated that the needs of autistic-SED individuals can thus be better served than in either option 1. or 2., above. Comprehensive plans for autistic-SED pupils submitted by contiguous districts shall be reviewed by the office of the county superintendent of schools prior to submission to the State Superintendent of Public Instruction.

5. General responsibilities of the State Department of Education shall include:

a. Maintaining a division of special education within the Department of Education with sufficient administrative, supervisory, and consultive staff to fulfill state responsibilities for the education of autistic-SED individuals.

b. Establishing criteria for the comprehensive plan.

c. Establishing standards for programs for autistic-SED pupils.

d. Developing and disseminating program evaluation procedures and criteria to be used in special education programs for autistic-SED pupils.

e. Convening the initial territory or county-wide meetings for the dissemination of information on development of a comprehensive plan for autistic-SED children. These meetings shall include special education representatives from each school district and community college in the territory or county, the office of the county superintendent of schools, and representatives from each district school board, community college board, and the county school board.

f. Acting as an arbitrator if districts and counties fail to agree upon aspects of a comprehensive plan.

g. Approving a comprehensive plan for a period not to exceed three years.

h. Allocating special education funds in accordance with the approved comprehensive plan.

i. Consulting with offices of the county superintendents of schools and districts to assist in improving programs for the autistic-SED at the local level.

j. Reviewing annually and approving of contractual arrangements made by offices of the county superintendents of schools, districts and community colleges for the education of the autistic-SED.

k. Reviewing evaluations of programs operated by the districts and offices of the county superintendents of schools and the state schools.

l. Enforcing all statutes, regulations, and policies for special education programs for autistic-SED pupils.

m. Enforcing the implementation of the comprehensive plans in accordance with the Education Code and the California Administrative Code, Title 5, requirements. In fulfilling this responsibility, the Department shall make on-site audits and provide general supervision and consultation to offices of the county superintendents of schools, the districts, and the community colleges.

n. Developing written agreements between itself and other state agencies that provide services to individuals with exceptional needs. Such agreements shall specify the roles and responsibilities of, and the services to be provided by each agency.

o. Monitoring, enforcing rules and regulations, providing assistance in program evaluation in the operation of the state schools, and the implementing of other State Department of Education responsibilities, shall be the responsibility of divisions and units within the State Department of Education other than the division of special education: the Special Education Commission, the State Board of Education, the State Department of Finance, the Legislature, and the Governor's office, according to the legislative authority of each.

Chapter X

A FINANCIAL MODEL
FOR
SPECIAL EDUCATION FUNDING

SPECIAL EDUCATION FINANCING—A BRIEF HISTORY

The history of California special education financing has shown several major shifts or changes during the past decade. None of these changes, however, has adequately dealt with the problems of "quality" and "equity"[1]--quality in the programs provided for all individuals with exceptional needs, and equity in assuring the proper distribution and use of available funds.

By the beginning of the decade of the sixties, the concept of excess cost allowances for special education programs had been firmly established. State excess cost apportionments to school districts and county superintendents provided a fixed maximum allowance per unit of average daily attendance.

In addition, districts and counties serving those pupils identified as physically handicapped, severely mentally retarded and those enrolled in development centers (DCHM) were allowed special transportation funds, and programs for blind pupils were provided additional funds ($910) for special vocational and instructional services, mobility training, and special materials and services, all computed on an average daily attendance basis.

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[1] Two basic issues raised in Serrano v. Priest (1971), 5C.3d 584; 96 Cal.Reptr. 601, 487 P.2d 1241.

In 1967, Assembly Bill 272 made a substantial change in both the concept and the procedures of state support for programs for exceptional children. The new system, acknowledging that there would be ongoing excess cost apportionments for special education programs, provided for grant support on a "current" basis to school districts and county superintendents.

AB 272 also allowed computation of funding on a class unit basis, rather than an ADA unit basis. A formula involving class size and number of classes was used. (No change in the system of additional allowances for the blind or for transportation was made by AB 272.) It should also be noted that AB 272 provided for local control of funds and required the upgrading of the management of special education programs.

The "grant support" concept in AB 272 was short-lived, however. The school finance bill of 1969, AB 606, again modified the system of support for special education. This now-current system is identified as one of "total class support guarantee." This concept reintroduced ADA computations in the excess cost support formula, and forced a computational relationship between special support and foundation support.

Because of the need for a higher level of state support for regular and special education, and in an attempt to fiscally equalize local and state support, Senate Bill 90 (Dills) was passed into law in the 1972 session of the legislature.

However, because of some miscalculations in computing the difference between the dollars that were available for programs for exceptional individuals and the amounts provided for in SB 90--and to clarify state and local funding of county programs--several "trailer" or "clean-up" bills were introduced in the 1973 session of the California legislature.

These bills, AB 339 (Bagley), AB 1267 (Gonsalves and Moretti), and SB 436 (Lagomarsino and Nejedly), were similar in most respects. AB 1267 was signed into law in July of 1973.

In 1974 it was determined that several aspects of these finance bills were inequitable to some districts and counties. Revenue from local taxes was fixed by SB 90, thus increases in assessed valuation did not benefit school districts, and the maximum 6% inflation factor was much too low to meet actual rising costs. Amendments to current school finance law were introduced in the 1974 session of the legislature.

A FORMULA FOR FUNDING

Section 18102 of the California Education Code[2] gives this formula for the funding of special education classes:

1. Determine the number of classes by dividing reported ADA by the established maximum class size. A fractional remainder is considered an additional unit.

2. Multiply the number of classes (item 1, above) times the established class size.

3. Multiply the units computed in item 2, above, times the following:

CATEGORY	K-8	9-12	13-14
Physically Handicapped			
Class size of 3	$5,400	------	------
" " " 5	3,100	$2,965	$2,810
" " " 6	2,520	------	------
" " " 8	1,800	1,670	1,510
" " " 10	1,370	1,240	1,080
" " " 12	1,085	950	800
" " " 16	725	590	435
" " " 20	-----	375	220
Educable Mentally Retarded			
Class size of 15	$ 570	$ 440	$ 280
" " " 18	420	285	130
Trainable Mentally Retarded			
Class size of 12	$ 920	$ 785	$ 630
Educationally Handicapped			
Class size of 12	$1,000	$ 870	$ 710

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[2] As provided for by AB 1267. The formula was also written into AB 339 and SB 436 (1973 session of the legislature).

This model could be used to determine funding of autistic-SED classes, whose recommended established class size is six.

SOME PROBLEMS

The development and continued growth of California special education programs and services have generally been made possible by legislative fiscal support decisions. However, trailing in the wake of the larger, regular school finance issues, special education financial support has been inadequate and piecemeal.

The absence of a systematic plan for special education finance, integrated into a total statewide school finance plan, has caused serious inequities and has affected program funds. The current method of supporting special education programs and services varies according to the type or classification of the exceptional individual being served, and the program or service options used.

Present fiscal control and reporting procedures are cumbersome and difficult to utilize for program evaluation and program development purposes, and do not provide a means of assuring quality or equity of service. Districts traditionally reported lower costs per ADA for their special education programs than do county superintendents. This has been due to the fact that districts and counties have not used the same reporting system. In a study of over 20 large districts in California, the administrative costs reported for one category of exceptionality ranged from zero to 19% of the total budget.

Another of the major problems faced by school districts, county superintendents, and community colleges, is the effect of the assessed valuation in each territory on income, and the taxing limitations placed on each district, county and community college, through legislation, as noted in the Serrano v. Priest decision:

> There remains substantial disparities in per-pupil revenues and expenditures between school districts because of the substantial variations in assessed valuation of taxable property between school districts. Under these circumstances, such per-pupil expenditure differentials between school districts constitute a denial of equality of education and uniformity of treatment of the low-wealth school districts of the state.[3]

As an example of the above, a comparison of the 1973 assessed valuations shows that 1 cent per $100 in assessed valuations in Alpine County raised $1,291, while 1 cent per $100 assessed valuations raised $1,938,104 in Los Angeles County.

Another issue to be faced is the emerging role of the community college as they increase their services and programs for pupils with exceptional needs. It is not unlikely that in the near future some community colleges may begin to offer on-campus programs for autistic and seriously emotionally disturbed pupils, as well as for the communicatively learning and physically handicapped. Therefore, it is essential that the community college be included in the development of each comprehensive plan for special education as described in AB 4040 (Lanterman, 1974). The community college must become an active participant in both program and fiscal planning and implementation. Sound fiscal support and control and cost effectiveness will not be possible without the participation of all levels of service.

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[3] Op. cit.

Finally, there is also the problem of differing behavioral definitions, which could have significant dollar implications. For example, California's definition of a "disabling disability," for the purpose of funding services through local county health programs or regional centers, may come in conflict with other definitions and descriptions. It is important that no pupil or individual with exceptional needs be penalized through the failure of the service agencies to agree upon definitions or behavioral characteristics for purposes of funding programs and services.

RECOMMENDATIONS

1. The California state system of financial support for special education programs for all severely handicapped individuals shall provide sufficient resources to serve all such individuals. It shall permit levels of support for ongoing programs and permit new ones to develop.

2. The state plan legislation, AB 4040 (Lanterman), shall require fiscal planning as part of the local master or comprehensive planning effort.

3. The plan, or AB 4040, shall provide support to special education programs and services which are based upon clearly stated program and learner objectives.

4. Support shall be determined by the needs of pupils enrolled, defined in terms of behaviorial characteristics rather than categorical disability groupings, labels, or classifications.

5. The plan shall promote both program and fiscal accountability by using a single district and county fiscal budgeting and spending report system.

6. The state and local comprehensive plan shall clarify fiscal support and monitoring relationships between state, counties, districts, and community colleges.

7. The state and local plan shall assure equity in support levels among various program components by requiring districts, county offices of education, and community colleges to report all costs.

8. Adjustments in support levels shall reflect changing costs, and based upon actual costs--not averages, as is the present practice.

9. Reporting and auditing policies and procedures shall be workable and meaningful for evaluation and program development.

10. Designed methods shall be provided to monitor and evaluate quality control of expenditures for the management of special education, statewide, through annual "procedural" audits.

11. All funds allocated or budgeted shall be restricted to direct services to individuals with exceptional needs.

12. Community colleges shall be included in the total planning and service delivery effort.

13. Equity and quality shall be assured by equalizing the revenue base derived from assessed valuations, thus eliminating the discrepencies between high and low wealth districts and counties.

14. Legislation shall be supported which provides for full state subvention for all excess costs above those levels allowed for non-handicapped pupils.

APPENDIX A

ASSEMBLY BILL No. 2403, Chapter 1524

Assembly Bill No. 2403

CHAPTER 1524

An act relating to a pilot program for mentally disordered minors.

[Approved by Governor September 19, 1970. Filed with Secretary of State September 19, 1970.]

The people of the State of California do enact as follows:

SECTION 1. The Superintendent of Public Instruction shall, subject to the availability of federal funds, select not more than four existing development centers for handicapped minors established pursuant to Article 2 (commencing with Section 16645.1) of Chapter 5 of Division 12 of the Education Code, for the conduct of a pilot program for mentally disordered minors. Insofar as possible, such centers shall be selected from a representative cross-section of existing programs.

As used in this act, a "mentally disordered minor" means a child who is determined by the governing board of the school district maintaining a development center for handicapped minors to be unable, because of mental disorders, to adequately function in the regular school program.

SEC. 2. The pilot program in the selected development centers shall commence on July 1, 1971, and shall terminate on June 30, 1972.

SEC. 3. The Superintendent of Public Instruction shall undertake all appropriate measures to secure available federal demonstration project funds to provide financing for the pilot programs conducted pursuant to this act and shall, not later than March 1, 1971, report to the Legislature on the progress in securing such funds.

SEC. 4. Total enrollment in the pilot program authorized by this act shall not exceed 40 mentally disordered minors. The pilot sample group selected for this group shall be given instruction in separate classrooms from the nonpilot group of handicapped minors. Classes for the pilot sample group shall be limited to not more than 10 mentally disordered minors per classroom.

SEC. 5. The Superintendent of Public Instruction shall submit an evaluation report on the pilot program conducted pursuant to this act, together with recommendations as to the feasibility of establishing the program on a statewide basis, to the Legislature not later than September 1, 1972.

The evaluation of the pilot program shall include but need not be limited to the following factors:

(a) A description of the physical, psychological and educational characteristics of the pilot sample group.

(b) A description of any changes in physical, psychological and educational achievement at six-month intervals.

(c) A description of specific programs provided, the types of personnel employed, and the costs thereof.

(d) An analysis of the impact of the inclusion of mentally disordered children on other nonmentally disordered children and the quality of the instruction.

APPENDIX B

ASSEMBLY BILL No. 1859, Chapter 922

Assembly Bill No. 1859

CHAPTER 922

An act to amend Sections 1, 2 and 5 of Chapter 1524 of the Statutes of 1970, relating to mentally disordered minors, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor August 15, 1972. Filed with
Secretary of State August 15, 1972.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1859, Lanterman. Mentally disordered minors.

Extends termination date of pilot program for mentally disordered minors from June 30, 1972, to June 30, 1973, and extends deadline for evaluation report on pilot program from September 1, 1972, to September 1, 1973. Makes pilot program operative on availability of state as well as federal funds.

Appropriates $135,000 of specified funds for such purposes.

To take effect immediately, urgency statute.

The people of the State of California do enact as follows:

SECTION 1. Section 1 of Chapter 1524 of the Statutes of 1970 is amended to read:

Section 1. The Superintendent of Public Instruction shall, subject to the availability of state or federal funds, select not more than four existing development centers for handicapped minors established pursuant to Article 2 (commencing with Section 16645.1) of Chapter 5 of Division 12 of the Education Code, for the conduct of a pilot program for mentally disordered minors. Insofar as possible, such centers shall be selected from a representative cross-section of existing programs.

As used in this act, a "mentally disordered minor" means a child who is determined by the governing board of the school district maintaining a development center for handicapped minors to be unable, because of mental disorders, to adequately function in the regular school program.

SEC. 2. Section 2 of Chapter 1524 of the Statutes of 1970 is amended to read:

Sec. 2. The pilot program in the selected development centers shall commence on July 1, 1971, and shall terminate on June 30, 1973.

SEC. 3. Section 5 of Chapter 1524 of the Statutes of 1970 is amended to read:

Sec. 5. The Superintendent of Public Instruction shall submit an evaluation report on the pilot program conducted pursuant to this act, together with recommendations as to the feasibility of establishing the program on a statewide basis, to the Legislature not later than September 1, 1973.

The evaluation of the pilot program shall include but need not be limited to the following factors:

(a) A description of the physical, psychological and educational characteristics of the pilot sample group.

(b) A description of any changes in physical, psychological and educational achievement at six-month intervals.

(c) A description of specific programs provided, the types of personnel employed, and the costs thereof.

(d) An analysis of the impact of the inclusion of mentally disordered children on other nonmentally disordered children and the quality of the instruction.

SEC. 4. Of the funds reappropriated by Section 11.10 of the Budget Act of 1972, one hundred thirty-five thousand dollars ($135,000) shall be made available to the Superintendent of Public Instruction to carry out the provisions of Chapter 1524 of the Statutes of 1970.

SEC. 5. This act is an urgency statute necessary for the immediate preservation of the public peace, health or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting such necessity are:

This act must take immediate effect in order to continue the pilot program for mentally disordered minors without interruption.

APPENDIX C

"DEVELOPMENTALLY DISABLED":

A DEFINITION

Section 38003 of the Federal Health and Safety Code

"DEVELOPMENTALLY DISABLED"— A DEFINITION

Section 38003 of the Federal Health and Safety Code defines a developmental disability as follows:

> Developmental disability means a disability attributable to mental retardation, cerebral palsy, epilepsy, or other neurologically handicapping condition found to be closely related to mental retardation, or to require treatment similar to that required for mentally retarded individuals. Such disability originates before an individual attains age eighteen, continues, or can be expected to continue, indefinitely, and constitutes a substantial handicap for such individual.

The Health and Welfare Agency of the California Department of Health has recently (March, 1974) expanded upon the "developmental disability" definition so that autistic-SED children, with whatever other handicapping condition, as well as those severely disabled individuals in other exceptional categories, may be placed in appropriately designed programs and receive regional center services. The Agency has supplied the following operational definitions:

To be eligible for services from the Developmental Disabilities Program, Department of Health, a person with developmental disabilities must be substantially handicapped which is defined below:

> Substantially handicapped describes a developmentally disabled individual whose needs cannot be met adequately from participating in and benefiting from those social, educational, vocational, recreational, medical, or other resources which generally are expected to be available to other non-handicapped individuals in the community.

The following are the handicapping conditions which are included as developmentally disabled:

Mental Retardation--refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period. (Manual on terminology and classification in mental retardation, 1973 revision, Page 5, Definition.) *

Autism-- A syndrome first appearing in the very early years of life, which is characterized by extreme withdrawal, language disturbance, inability to form affective ties, frequent lack of responsiveness to other people, monotonously repetitive motor behaviors, inappropriate response to external stimuli, and an obsessive urge for the maintenance of sameness. Many, but not all children may be severely impaired in inherent intellectual capacities. **

Cerebral Palsy-- A non-progressive pathologic lesion in the developing infant or child's brain, causing permanent motor impairment. (American Academy of Pediatrics).

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* When a person is diagnosed as mentally retarded, whose I.Q. does not fall at least two standard deviations below the normal, special justification must be shown in the patient's record to justify that diagnosis.

** Most authorities agree that autism will appear before the age of three. If a person is diagnosed as autistic, where this condition was not clearly apparent by the age of three, the record must clearly indicate justification for this diagnosis.

Epilepsy--	(Convulsive disorder) This is a clinical disorder characterized by recurrent paroxysmal episodes of central nervous system dysfunction which may be manifested by loss of consciousness, convulsive movements, and/or disturbances of feeling or behavior.
Neurological Handicapping Conditions	This refers to other neurological and neuromuscular disorders not included in the previous definitions, but meeting the criteria of substantial handicap to the individual, as defined in AB 846 (1973).

APPENDIX D

THE CLASSIFICATION SYSTEM:

SOME DEFINITIONS

California Administrative Code, Title 5

Section 3600 (g)
Section 3230
Section 18103 (c)

THE CLASSIFICATION SYSTEM—

SOME DEFINITIONS

APHASIA

Children with communication handicaps such as aphasia (included under the "Physically Handicapped" classification), are described in California Administrative Code, Title 5, as follows:

Section 3600

(g) The Aphasic and/or Other Severe Oral Language Handicapped.

A minor is aphasic and/or other severe oral language handicapped when all of the following statements apply to him or her:

1) The minor has a severe disability in the comprehension and/or expression of oral language. A minor may be considered to have a severe oral language disorder when:

(A) The minor shows normal intellectual potential as measured by instruments that do not require oral directions or oral expression.

(B) The minor's score on the auditory verbal scales of one or more standard tests or sub-tests of language assessment falls two standard deviations below the mean for the minor's mental age as indicated in (A), except that any minor above the two standard deviations but below one standard deviation may be designated as aphasic and/or severe oral language handicapped if agreed upon with the unanimous decision of the admission committee.

(C) The minor is nonverbal when a spontaneous language sample of at least 50-100 utterances show development judged clearly inadequate for the minor's age in at least two of the following areas of language development: syntactic, semantic, morphologic, phonologic.

2) The disability is of such severity as to require enrollment in a special day class, intensive remedial instruction, an integrated program of instruction, or instruction under Education Code Sections 6870-6874.6.

3) Aphasia and/or other severe oral language handicap is evidenced by written statements certifying that the minor has a severe speech and/or oral language disorder, not due to deafness, mental retardation, or autism. This determination of aphasia and/or other severe oral language handicap shall be made in written statements by personnel in each of the following specific professional capacities:

(A) A teacher credentialed in the area of the speech and hearing handicapped, or a credentialed speech and hearing specialist, or a speech pathologist who holds certification in speech pathology in the American Speech and Hearing Association shall determine that the child has an aphasic and/or other severe oral language disorder and that the condition is not primarily due to deafness.

(B) A credentialed or licensed psychologist or licensed educational psychologist shall determine the child's intellectual and emotional capabilities and shall determine that the condition is not due to mental retardation or autism.

EDUCATIONALLY HANDICAPPED

Children eligible for instruction in the Educationally Handicapped Program are described in California Administrative Code, Title 5, as follows:

Section 3230 Eligibility of Minors for Admission to a Program

An educationally handicapped minor described in Education Code Sections 6750 and 6755 is eligible for admission to a program if the pupil's handicaps have been determined to be one or more of the following:

(a) A SPECIFIC LEARNING DISABILITY to which all of the following standards apply:

1) The learning or behavior disorders are specific learning disabilities in the psychological process involved in understanding or in using spoken or written language. Such learning disabilities include, but are not limited to, those sometimes referred to as perceptual handicaps, minimal brain dysfunction, dyslexia, dyscalculia, dysgraphia, or communication disorders, except aphasic as defined in Section 3600(g).

2) The specific learning disabilities are of such severity that the pupil's level of functioning in basic learning skills is significantly below the range of functioning expected from pupils of similar age and ability and evidence is presented for a favorable prognosis for the reduction of the discrepancy between ability and achievement.

3) Where the general level of academic functioning is retarded, such retardation shall not be attributable to limited intellectual capacity for academic learning.

4) The specific learning disabilities shall be determined by complete evaluation accompanied by recommendations for the amelioration of the learning disorder that can be carried out within the class or program recommended.

(b) A SPECIFIC BEHAVIOR DISORDER to which all of the following standards apply:

1) The learning or behavior disorders are specific behavior disorders such that the pupil cannot benefit from the regular educational program. Such behavior disorders include, but are not limited to, those sometimes referred to as school phobia, adjustment reactions, withdrawal, lability, or impulsiveness.

2) The specific behavior disorders are of such severity that the pupil's level of functioning in basic learning skills is significantly below the range of functioning expected from pupils of similar age and ability and evidence is presented for a favorable prognosis for the reduction of the discrepancy between ability and achievement.

3) The specific behavior disorders shall be determined by a psychiatric or psychological evaluation accompanied by recommendations for amelioration of the behavior disorder that can be carried out within the class or program recommended.

4) The admission committee finds the pupil's specific behavior disorders are not solely problem behavior as defined in Division 6, Chapter 7, Article 1, 4, and 5, commencing with Sections 6500, 6651, and 6701 respectively, of the Education Code.

(c) A SERIOUS EMOTIONAL DISTURBANCE to which all of the following standards apply:

1) The learning or behavior disorders are a serious emotional disturbance such that the pupil cannot attend ordinary education facilities. Included, among others, are pupils who exhibit, to a marked degree, one or more of the following characteristics:

   (A) Inability to learn that cannot be explained by intellectual, sensory or health factors.

   (B) Inability to maintain satisfactory relationships with peers and adults.

   (C) Inappropriate behavior or affect under normal circumstances.

   (D) A pervasive and prolonged state of depression or anxiety.

   (E) A tendency to develop psychosomatic symptoms.

   (F) A profound disorder in communication and socially responsive behavior (autistic-like).

2) Despite the serious emotional disturbance, the pupil can profit from instruction provided by an education program.

3) The serious emotional disturbance shall be determined by a psychiatric evaluation accompanied by recommendations of specific interventions that can be carried out within the class or program recommended.

4) Whenever essential to the proper maintenance of a program appropriate to the needs of the pupil, the necessary ancillary services can be and are provided by the school, parent or guardian, or the community.

DEVELOPMENT CENTERS FOR HANDICAPPED MINORS

The California Administrative Code, Title 5, describes children who are eligible for admission to Development Centers for Handicapped Minors as follows:

Section 18103

(c) The determination of eligibility of a minor for admission to a development center shall include examinations given by a psychologist or psychometrist and a licensed physician. A minor may be eligible if all of the following apply:

1) He is found to be ineligible for enrollment in a regular day class.

2) He is found to be ineligible for enrollment in special education programs maintained, or authorized to be maintained by a school district or county superintendent of schools.

3) He is found to have one or more of the following conditions:

    (A) Serious impairment of locomotion;
    (B) Severe orthopedic condition;
    (C) Other severe disabling conditions which have as their origin mental retardation and/or physical impairment;
    (D) Severe mental retardation.

APPENDIX E

SAMPLE "WORK-UP" REPORT OF MANRESA DIAGNOSTIC AND COUNSELING CENTER

MANRESA CENTER

SPEECH, HEARING AND LANGUAGE REEVALUATION

May 10, 1973

DIANE

BD: 6/5/61

Diane is now 12 years old and this reevaluation is in accordance with the follow-up program of the Mentally Disordered Minors Program.

Today Diane came into the room and fewer bizarre behaviors were noted. Much less extraneous speech was also noted and in addition she was more normal in her physical appearance. Her face has filled out and she has lost that gaunt look that seemed to have been a characteristic of the last several years. When asked to move from one chair to another, she was able to do so in a smooth and uninhibited manner.

Diane's articulation was tested with the Goldman Fristoe and she seemed to have eliminated the problems of s for sh substitution and generally her articulation is good. However, it deteriorated slightly in contextual speech and the intelligibility seems to be related to her anxiety level. The Assessment of Children's Language Comprehension was administered and Diane scored two errors each in the 3 and 4 critical elements section. Her errors seemed to be more a problem of impulsive responding than lack of comprehension.

On the Peabody Picture Vocabulary Test, Diane scored a raw score of 45, giving her an I.Q. of 46 and a Mental Age of 4-years, 5-months. This compared with last year's score of 56 points with an I.Q. of 63 and a Mental Age of 6-years, 2-months. No obvious reason was apparent for her drop in this particular test. She seemed to be well motivated and trying and attended very well. In describing stimulus pictures, it was noted that Diane used rather primitive phrases as she has in the past. However, her expressive language has improved in that she has eliminated a great deal of the perservative behavior. She no longer continually repeats the phrases such as "oh, oh" or "who's that?"

I see Diane as continuing to improve. She should continue speech and language therapy. Particular stress should be placed with the Distar Language Program to help increase the use of contextual phrases.

Paul Dragavon, Speech Therapist

MANRESA CENTER

PSYCHOLOGICAL EVALUATION

May 10, 1973
DIANE
BD: 6/5/61

Diane was seen for re-evaluation as per Mentally Disordered Minors project requirement.

Psychometric History:
11/71 SB, Cattell. CA 10-5, MA 4-9, I.Q. 46.
VSMS (Mother). SA 5.8 yrs.
6/72 SB, Cattell, CA 11-0, MA 5-9, I.Q. 55.
VSMS (Mother). SA 7.8

This eleven-year, eleven-month old female Caucasian appeared much more normal today than she has in the past. Diane was remarkable previously but today her face was quite normal, seemingly symmetrical; her face is filled out and she looks much more normal and pleasant. It was noted that dental hygiene is very poor and attention is drawn to this area.

Diane showed very little behavior problems today and very little repetitive, bizarre behavior. There was some resistance but it was mild. She seemed to be somewhat inwardly distractible in dealing with testing items.

Evaluation Results:

- SB, Cattell Short Form, American Journal of Mental Deficiency, 1970, 75-1, 65-71.

  CA 11-11, MA 5-3. Diane's scoring today shows a drop of six months in the last eleven-month period. She was scoring identically to that in June of 1972 except that her diamond drawing was not scorable today. She still does not follow three directions in sequence. It was felt, however, that her expressive language vocabulary was approaching the 8th year level. Diane appeared to be not resisting and appeared to be working with full potential at the task today, and this examiner is unable to establish why there has been this drop.

- Vineland SMS. Mother was the informant. CA 11-11, SA 8.8 yrs. By mother's report Diane earns a twelve-month growth positively in the last eleven-month period. Mrs. is positive toward the Mentally Disordered Minors program and Diane's current one-to-one E.H. program within the Santa Cruz City Schools.

PSYCHOLOGICAL EVALUATION, CONT.

Diane

SUMMARY:

Diane is continued to be seen as an autistic-like child whose social growth has surpassed her intellectual scoring as of today. Report by the parent, however, indicates that the child has made a positive growth. I feel today's scoring does very much indicate that this child is quite affected and responsive to stress and anxiety and to unusual situations. It is not possible for this examiner to say why today's scoring is as it is.

RECOMMENDATIONS:

1. Continue within the Mentally Disordered Minors program.
2. Continue within the E.H. tutorial program.
3. Dental hygiene supervision.

William Norris, School Psychologist

MANRESA CENTER

EDUCATIONAL EVALUATION

May 10, 1973

DIANE

BD: 6/5/61

CA 11-11

Reason for Referral: County Office of Education, Mentally Disordered Minors program requirement.

Personal Appearance: Diane has continued to grow and is now in puberty. She is well developed and now has a rather mature look. She is an attractive looking girl and has a smiling, rather self-confident countenance.

Demeanor: Diane attended well to all tasks. She appeared to be very pleased to be at Manresa for her re-evaluation. She had many exchanges of appropriately social greetings to the staff. Her social responses were appropriate. She had many responses during testing which reflected her feelings at the time.

The Peabody Individual Achievement Test was again administered. Comparison scores are as follows:

Task	June, 1972	May, 1973
Math	Grade 0.1	Grade 0.9
Reading	" 1.4	" 1.5
Spelling	" 1.5	" 1.8
General Information	" 0	" 0

According to the P.I.A.T. skills show minimal improvement and some regression in math. In contrast to the minimal growth illustrated above, Diane's teacher, Mrs. Foster, reports progress on the B.C.P. has been very good. Diane attained 23 B.C.P. objectives the first four months of school and within the next four months attained 71 more. "Most important change this year is that she has caught on to phonics, thus enabling her to have spelling lessons at the transition school and more difficult reading and SRA workbook assignments. She reads with movement, not one word at a time. She is using complete sentences in ordinary conversation. She taught herself to ride a bicycle. She is no longer afraid of others touching her. Another important change is that she is aware of the feelings of others and likes to please others." Academic plans for Diane are to have at least two hours more academic work daily. The school staff believes that she can handle this. She enjoys her entire program, the transition school in which Mrs. Sargis, E.H. teacher of Natural Bridges School, instructs Diane, and the MDM classroom is very important to Diane.

Developmental Test of Visual-Motor Integration. Visual-Motor Score 5 yrs. 3 mos. This represents a delay of 6 yrs. and 8 mos. in visual-motor integration and reflects the expected level of performance in, for example, handwriting, or the ability to handle symbols meaningfully.

Parent Interview:

Mrs. reports self-help skills and personal care have improved greatly in the past year. Diane is able to make pudding, including the entire process--she cooks it, controls the heat well. She is able to toast cheese toast under the broiler without burning. She keeps things clean and she measures and monitors the cooking process appropriately. In her personal care her monthly periods are no problem; she takes care of herself; she likes to be clean and neat. Plans for next year, by mother's report, are to continue the County Office of Education MDM class and through the school district a home teacher is expected to be provided. Mr. Struck has told the parents the County Office of Education class will be six hours per day, and Mrs. is looking forward to that for Diane.

IMPRESSIONS:

Marked improvement in Diane who formerly exhibited behavior that was unmanageable. She is now seen as a happy girl improving year by year. Her self-concept is now quite strong. She has many self-sufficiency skills. Although academic growth is somewhat weak, her academic program will be strengthened in the near future as noted above. Diane is seen as a motivated learner. She presently has a good daily program as described above.

RECOMMENDATIONS:

1. Continue C.O.E. Mentally Disordered Minors program and the school district program.
2. Continue B.C.P. goals, particularly B.C.P. Strand 11 - Self-identification; B.C.P. Strand 12 - Sensory Perception; Strand 21 - Language Development; Strand 25 - Interpersonal Relations; Strand 37, - Writing; Strand 39 - Reasoning (very weak on causal relationships).

Eve Pecchenino, Educational Specialist

MANRESA CENTER

MEDICAL HISTORY AND PHYSICAL EXAMINATION

May 10, 1973

DIANE

BD: 6/5/61

Past Medical History:

Infant was born at Santa Cruz Community Hospital, the 2nd of 2 pregnancies, the first pregnancy having resulted in a normal 15-1/2 year old boy. Infant weighed 8 lbs. 6 oz. Mother states the only abnormality during pregnancy was toward the latter part of the pregnancy there was a fetal movement that resembled a startle reflex with child extending arms and legs similar, as the mother describes, to her postnatal startle reflexes with sudden extension of arms and legs and opisthotonos position. Mother states that child was able to suck without any difficulty after switching to the nipples with the flanges, and the introduction of solid foods was unremarkable. Prior to six months of age mother noted that child was not reacting normally particularly in the lack of eye contact and inability to localize sounds. Her vocalization was also different from her other child in that there was not the usual cooing and babbling of young babies but some sounds were produced. Mother also noted during this first year of life that child would go into a trance and seemed to not be in contact with anything for a short period of time. These "trances" continued throughout the second year of life, and then seemed not to be present.

Developmentally physically child appeared to progress normally, being able to pull herself up by 10 months and walking around furniture by 12 months but would not walk alone until 16 months of age. By 10 months or possibly even earlier, mother knew that something was wrong. Child developed no speech. When she was four years of age, she was evaluated at the Development Center at Children's Hospital of the East Bay at which time many tests were done including an electroencephalogram which the mother feels was not valid because they were not able to sedate her sufficiently. The mother states that they initially told her that the child was retarded and then later stated that the child was autistic. She was then referred to the Mental Health Clinic in Santa Cruz and received therapy once a week until she was 8-1/2 years of age at which time the Pediatric Treatment Center was opened, and she entered and has continued there unto the present time, the past two years having teaching experience along with the Treatment Center. At the present time child can make herself understood but has some difficulty with enunciation. She does use prepositions and the use of pronouns has come fairly recently, and occasionally they are used incorrectly.

Review of Systems indicates that there has been no evidence of visual problems and despite the fact that the mother felt that she possibly did not hear, she was evaluated at San Francisco Speech and Hearing Center which indicated that her hearing was normal. She has no history of convulsions other than the questionable history of the trances when she was an infant and small child. She is not on medication. Menarche began January 1973, and cycles are of normal duration, and child is able to care for her own needs without assistance.

Family History reveals one paternal cousin who was born with multiple birth defects and died shortly after birth and a paternal cousin who died with malignant melanoma (from description) at 29 years of age. An older brother (15-1/2 years of age) is developing normally.

Physical Examination:
Height 61 inches, 75 %ile. Weight 99-1/4 pounds, 75%ile.

General appearance: This is a blonde-haired, blue-eyed, 11 year and 11 month old adolescent girl of normal stature and development with acne of the face but otherwise not unattractive. Child exhibits echolalia and repetitive speech much of which is difficult to understand because of the enunciation. She cooperated quite well during the examination.

Examination of the head reveals normal size and shape. Examination of the ears reveals no abnormalities. Exam of the eyes reveals good following of the light and good conjugate movement. Pupils are equal and react to light and accommodation. Exam of the mouth reveals poor hygiene and teeth in need of repair. Palate is markedly high arched and narrow. Posterior pharynx is unremarkable. Exam of the neck reveals the thyroid not palpable. Exam of the chest reveals normal breast development. Lung fields are clear. Heart, no abnormalities. Exam of the abdomen reveals no abnormalities.

Neurological examination: Child showed some swaying on Rhomberg. Jumping was performed adequately. Hopping was done very clumsily and was not able to be done without assistance. Writing of numbers in the hand, which were ascertained to be known prior to her closing her eyes, revealed only approximately 10% accuracy on both hands.

MEDICAL HISTORY AND PHYSICAL EXAMINATION, CONT. 2

Diane

An aborted simian line was noted bilaterally. Finger-to-nose test was performed without tremors but very clumsily. Deep tendon reflexes were equal and active. Babinski was a normal flexor response.

IMPRESSIONS:

This is a 11-1/2 year old adolescent girl who is functioning at a retarded level, has impaired speech including impaired enunciation, and has been diagnosed as autistic.

RECOMMENDATION:

Continue in the present setting as previously.

Margaret R. Leftwich, M.D.

APPENDIX F

SAMPLE REPORT OF

PARENT INTERVIEW

MDM PARENT INTERVIEW

Diane is now almost twelve years old. She has been in the MDM classroom for almost two years, and was in PTC in treatment 1-1/2 years to two years before that. Diane has been in no other program. Her parents have had complete responsibility for her twenty-four hours a day, until PTC; they were considering sending her to Napa before PTC and MDM.

I met with the parents and obtained the following information concerning her perception of the progress Diane has made. (She pointed out the difficulty in separating effects of PTC and MDM, as well as difficulty in knowing which progress would have occurred as a result of maturation.)

1) Description of Diane's behavior before the MDM class started.

Diane wandered a lot; played aimlessly; indulged in much more bizarre behavior; spent much time in unprovoked screaming. Her mother could not take her to any store; had to bring shoes home from shoe store to try on Diane.

Diane was mute when she started PTC; she had only 5 or 6 words when she started MDM class.

At the end of the pre-MDM treatment time, it was very evident that the treatment process itself did not offer enough for Diane to do.

2) Progress made since MDM class started.

The bizarre behavior has almost completely disappeared. Diane now talks all the time. She screams now only when she fails to get her own way, and not every time then.

Diane has learned to play; has learned to pretend; now invents games to play.

Diane can now go to the shoe store to buy shoes. She can now relate incidents in the recent past, which makes for less frustration on the part of mother and daughter.

Parents no longer consider sending Diane to Napa.

3) Importance of the classroom.

It opened the world of school for Diane. She has developed an appreciation of learning since being in the classroom; is eager to learn; needs more time in academic learning. Her favorite game is school.

"Without education these kids really don't have a chance." The parents feel that this classroom has been very effective, primarily because of the teacher's capabilities, and because the teacher has been able to work with the treatment part of the program.

Only complaint is not enough time spent academically with Diane.

4) Recommendations

"Any program for the autistic should include from the beginning special education of whatever form the kid can use. The discipline is really important."

"Education for these kids should include academics and education in how to get along in life; how to take care of themselves and how to be able to relate to the best of their ability in the community."

The parents feel there is no point in working with the children if parents do not participate. "Parental involvement is where it's at."

Education for these children should be on a graduated scale, introducing and including academic learning according to the child's ability to handle it.

(The parents say physically Diane could spend the weekend by herself if she had to, and takes very good care of herself -- cook her meals safely, wash and dress herself; put herself to bed; lock the doors, turn out the lights, etc.)

May 28, 1973

I asked the parents the questions about effects on the family which were neglected in the first interview. She was happy to contribute the following:

1) What changes have happened in the family over the past two years?

"We have an unusual situation. Our son (15-1/2) is hyperactive. He attends high school. Relations between him and Diane are not really good, and are worse because of his hyperactivity and adolescent pressures on him now. Diane cooperates better with his problem now than she did before. The boy does not cooperate. He blames her for everything that happens."

2) Parental Interrelationships:

"Never have had much of a problem. If anything, in past two years it has improved. Feel this is because child's behavior has evened out to the point where parents are not so continually frustrated in dealing with the child. Diane can now amuse herself to the point where B. and I can talk."

3) Parental relationship with A.C.

"Our relationship with Diane is 99% better. She is better able to make herself understood and has things to occupy her mind that carry over into our life at home."

APPENDIX G

INSTRUCTIONAL STRATEGIES FOR BCP STRANDS

INSTRUCTIONAL STRATEGIES FOR BCP STRANDS

Strand No.	Strand Name	Strand Definition	Cell No.	Behavioral Objective	Stra
11	Self-Identification	Locating one's body parts and oneself in space, information pertaining to oneself, one's family, school, friends, and home	39	Points to objects to the left/to the right of self.	Using parachute, as hang on to parachut tions--move to the the left, lift, low move outward. Bill try to catch air. with it, play "Cat film--"Fun with Par
11	Self-Identification	" "	14	Tells own sex.	Teacher says "All "All the boys stan with "Good, Susie, may sit down." The "Are you a boy or correct answers im
12	Sensory Perception	Discriminating stimuli based on touch, smell, and taste	14	Explores density, resistance, texture of wet objects/substances.	Explore effects ob with rice and fing how it feels, how cornstarch with fl Verbalize how it f
12	Sensory Perception	Discriminating stimuli based on touch, smell, and taste	45	Chooses through smell and taste cues sour substances or object.	Using four paper c apple juice, two w child one cup of e smell each, then m containing same li sense of smell to the same with tast verbalize sour, sw

INSTRUCTIONAL STRATEGIES FOR BCP STRANDS

Strand Definition	Cell No.	Behavioral Objective	Strategy
Locating one's body parts and oneself in space, information pertaining to oneself, one's family, school, friends, and home	39	Points to objects to the left/to the right of self.	Using parachute, ask each pupil to hang on to parachute. Give directions--move to the right, move to the left, lift, lower, move inward, move outward. Billow parachute and try to catch air. Have pupils run with it, play "Cat and Mouse." See film--"Fun with Parachutes."
" "	14	Tells own sex.	Teacher says "All girls stand up," "All the boys stand up." Reward each with "Good, Susie, you are a girl, you may sit down." Then ask each child, "Are you a boy or a girl?" Reward correct answers immediately.
Discriminating stimuli based on touch, smell, and taste	14	Explores density, resistance, texture of wet objects/substances.	Explore effects obtained painting with rice and fingerpaint. Verbalize how it feels, how it looks. Mix cornstarch with flour; squeeze it. Verbalize how it feels.
Discriminating stimuli based on touch, smell, and taste	45	Chooses through smell and taste cues sour substances or object.	Using four paper cups, fill two with apple juice, two with vinegar. Give child one cup of each. Have him smell each, then match with cup containing same liquid, using only his sense of smell to discriminate. Do the same with tasting. Have him verbalize sour, sweet.

Strand No.	Strand Name	Strand Definition	Cell No.	Bahavioral Objective	Stra
13	Auditory Perception	Discriminating stimuli based upon sound cues	16	Responds appropriately to sound patterns associated with various activities.	Line chairs in rows Chairs. Make a sou makers or hands. A around the chairs a a chair when they n sound or when the s
13	Auditory Perception	" "	30	Repeats melody.	Teacher sings simpl Asks child to repea notes and rhythm.
14	Visual-Motor I	Pursuing visual stimuli in coordination with small muscle movements of the hand	11	Follows dangling object on string ten feet away (with eyes only).	Hang flashlight fro Darken room. Have flashlight, watchin teacher stands behi the activity, and p from moving.
14	Visual-Motor I	" "	31	Squeezes object in one hand.	Provide child with snap clothespins; g with marks at inter rim (use felt-tip p Ask child to attach on each mark.
15	Visual-Motor II	Demonstrating advanced eye-hand coordination and discriminating stimuli based on visual cues	13	Cuts across paper following straight line/curved line.	Provide child a pi paper with wide (½" marked in felt pen line. Progress to Progress to narrow

Strand Definition	Cell No.	Bahavioral Objective	Strategy
inating stimuli pon sound cues	16	Responds appropriately to sound patterns associated with various activities.	Line chairs in rows as in Musical Chairs. Make a sound using noise makers or hands. Ask pupils to walk around the chairs and to sit down in a chair when they no longer hear the sound or when the sound is changed.
"	30	Repeats melody.	Teacher sings simple melodic phrase. Asks child to repeat, singing exact notes and rhythm.
g visual stimuli dination with small movements of the	11	Follows dangling object on string ten feet away (with eyes only).	Hang flashlight from ceiling or stand. Darken room. Have aide swing the flashlight, watching child's eyes, as teacher stands behind child directing the activity, and preventing head from moving.
"	31	Squeezes object in one hand.	Provide child with a number of snap clothespins; give child a box with marks at intervals around the rim (use felt-tip pen for marks). Ask child to attach a clothespin on each mark.
rating advanced eye- ordination and dis- ting stimuli based al cues	13	Cuts across paper following straight line/curved line.	Provide child a piece of construction paper with wide ($\frac{1}{2}$") straight line marked in felt pen; have child cut on line. Progress to curved line. Progress to narrower lines.

Strand No.	Strand Name	Strand Definition	Cell No.	Behavioral Objective	Stra
15	Visual-Motor II	" "	24	Matches six colors/over six colors.	Provide child with of different colors wide variety of con squares of differen child find colored that matches bead; with beads on match
16	Gross Motor I	Demonstrating mobility, eye-limb coordination and balance using large muscle groupings	42	Bends over to pick up objects without falling.	Scarf time. Each and chooses a color from a pile of scar directed movements e.g., "Run to the yard. Watch what as you hold it whi
16	Gross Motor I	" "	48	Walks two steps on 4-inch wide paper line/on 4-inch wide beam.	Have pupil remove 2 x 4 x 8 board on up. Ask pupil to heel to toe. Ask backwards.
17	Gross Motor II	Demonstrating team sport skills, fitness, agility, mobility, eye-limb coordination and balance using large muscle groupings	8	Jumps forward 3-foot distance, feet together/ backward 3 feet	Position old tires pupil to jump in a lying on floor or pupil jump from ce center of another; to edge of another

Strand Definition	Cell No.	Behavioral Objective	Strategy
" "	24	Matches six colors/over six colors.	Provide child with six or more beads of different colors. Provide a wide variety of construction paper squares of different colors. Have child find colored paper square that matches bead; line up on table with beads on matching squares.
nstrating mobility, eye- coordination and balance g large muscle groupings	42	Bends over to pick up objects without falling.	Scarf time. Each child bends over and chooses a colored silky scarf from a pile of scarves; performs directed movements using scarves; e.g., "Run to the other side of the yard. Watch what your scarf does as you hold it while you run."
" "	48	Walks two steps on 4-inch wide paper line/on 4-inch wide beam.	Have pupil remove shoes. Lay 2 x 4 x 8 board on floor, 4" side up. Ask pupil to walk across it heel to toe. Ask pupils to walk backwards.
nstrating team sport s, fitness, agility, ity, eye-limb coordina- and balance using large e groupings	8	Jumps forward 3-foot distance, feet together/ backward 3 feet	Position old tires in a row. Ask pupil to jump in and out of tire lying on floor or ground. Have pupil jump from center of one to center of another; from edge of one to edge of another.

Strand No.	Strand Name	Strand Definition	Cell No.	Behavioral Objective	Str
17	Gross Motor II	Demonstrating team sport skills, fitness, agility, mobility, eye-limb coordination and balance using large muscle groupings	6	Catches with hands a large ball thrown by another from 5 feet.	Ask pupils to catc thrown to them fro away. Progress to balls, then to uti to distance of 5 f
18	Pre-Articulation	Using the mouth, jaw, lips, tongue, teeth, and diaphragm in a controlled manner	24	Points tongue up and down with aid of lips to give direction.	Play "follow the l children to copy t movements.
18	Pre-Articulation	" "	46	Imitates sounds of objects/ animals (e.g., bow-wow, choo-choo, moo).	Use appropriate ca Master; record chi have him listen to response; repeat.
19	Articulation	Pronouncing all vowel and consonant sounds in meaningful and non-meaningful combinations	3	Uses all long vowels with m to form consonant-vowel nonsense syllables (e.g. me etc.).	Play "follow the l teacher singing co sense syllables us with me. Student and musical tone.
19	Articulation	Pronouncing all vowel and consonant sounds in meaningful and non-meaningful combinations	18	Uses m,p,b,t,d, k,g in the final position in one-syllable words.	Use "p" sound as s ask children to "b saying "p,p,p,p,p, and hand mirrors t while being motorb children to pronou force immediately nunciation of fina

Strand Definition	Cell No.	Behavioral Objective	Strategy
rating team sport fitness, agility, y, eye-limb coordi- and balance using uscle groupings	6	Catches with hands a large ball thrown by another from 5 feet.	Ask pupils to catch large balloons thrown to them from 3 or 4 feet away. Progress to rubber beach balls, then to utility balls. Progress to distance of 5 feet.
he mouth, jaw, lips, teeth, and diaphragm ntrolled manner	24	Points tongue up and down with aid of lips to give direction.	Play "follow the leader." Ask children to copy teacher's tongue movements.
"	46	Imitates sounds of objects/ animals (e.g., bow-wow, choo-choo, moo).	Use appropriate cards with Language Master; record child's response; have him listen to model and his response; repeat.
cing all vowel and nt sounds in ful and non-meaning- binations	3	Uses all long vowels with m to form consonant-vowei nonsense syllables (e.g. me etc.).	Play "follow the leader," with teacher singing consonant-vowel nonsense syllables using all long vowels with me. Student matches syllable and musical tone.
cing all vowel and nt sounds in mean- nd non-meaningful tions	18	Uses m,p,b,t,d, k,g in the final position in one-syllable words.	Use "p" sound as sound of motorboat; ask children to "be" motorboats, saying "p,p,p,p,p,p." Use individual and hand mirrors to watch own lips while being motorboats. Then ask children to pronounce "lamp." Reinforce immediately the correct pronunciation of final consonant.

Strand No.	Strand Name	Strand Definition	Cell No.	Behavioral Objective	Stra
20	Language Comprehension	Demonstrating understanding of communication	8	Follows one simple verbal command given without gestures.	One at a time, give circle simple direc "Walk over and turn Reinforce immed ate response.
20	Language Comprehension	" "	22	Points to or places object above, below.	Give each student a Give directions suc block over your hea Progress to two di blocks; give such c the green block ove
21	Language Development	Using gestures, sounds, and words to communicate	12	Uses adjectives (e.g., good, big).	Place a variety of table, such as cha book, powder puff. bring "something th
21	Language Development	" "	13	Uses noun with article (e.g., a dog, the car).	Distribute cards w familiar objects; picture of the hat with hat picture co class and say, "Th of a hat."
22	Listening	Attending and reacting to verbal communication	9	Performs behaviors or tasks designated by verbal instructions when given directly to the individual.	Ask pupil to carry directions in the them. For example 2. Sit down; 3. Fo

Strand Definition	Cell No.	Behavioral Objective	Strategy
onstrating understanding communication	8	Follows one simple verbal command given without gestures.	One at a time, give children in circle simple directions, e.g., "Walk over and turn out the light." Reinforce immediately for correct response.
" "	22	Points to or places object above, below.	Give each student a block to hold. Give directions such as, "Hold the block over your head; below the chair." Progress to two different colored blocks; give such directions as, "Hold the green block over the red block."
ng gestures, sounds, and ds to communicate	12	Uses adjectives (e.g., good, big).	Place a variety of objects on a table, such as chalk, stone, pencil, book, powder puff. Ask pupil to bring "something that is hard; soft."
" "	13	Uses noun with article (e.g., a dog, the car).	Distribute cards with pictures of familiar objects; ask, "Who has the picture of the hat?" Have pupil with hat picture come to front of class and say, "This is a picture of a hat."
ending and reacting to bal communication	9	Performs behaviors or tasks designated by verbal instructions when given directly to the individual.	Ask pupil to carry out simple directions in the order you give them. For example: 1. Come here; 2. Sit down; 3. Fold hands.

Strand No.	Strand Name	Strand Definition	Cell No.	Behavioral Objective	Str
22	Listening	Attending and reacting to verbal communication	21	Carries out two simple related successive commands in order.	Say, "I have draw and a square on t pupil chalk and as under the square circle."
23	Adaptive Behaviors	Exploring new situations and developing behaviors to fit them	26	Changes routine when alternatives are presented -- accepts change.	Teacher says, "I when we usually h all right to have time today. We d thing exactly the though we usually all right to have Then we will have
23	Adaptive Behaviors	" ".	22	Performs new activities/tasks when required/ forced.	To prepare for vi doctor: Role pla er in role of den school nurse advi procedures that
24	Impulse Control	Controlling or directing disruptive or interfering behaviors associated with taking turns, waiting in line, changing activities, gaining attention, accepting criticism	12	Sits in seat, stands in line, etc., without fidgeting, moving for 25-50% of the activity.	Make contract wi can't keep from period." Praise he doesn't, give is something I k
24	Impulse Control	" "	20	Sits in seat, stands in line, etc. without fidgeting, moving for 50-75% of activity.	During bathroomi Go to end of l as: trying to b fidgeting.

Strand Definition	Cell No.	Behavioral Objective	Strategy
ing and reacting to communication	21	Carries out two simple related successive commands in order.	Say, "I have drawn a triangle, a circle, and a square on the chalkboard." Give pupil chalk and ask him, "Put an X under the square and a line over the circle."
ing new situations veloping behaviors to em	26	Changes routine when alternatives are presented -- accepts change.	Teacher says, "I know this is the time when we usually have recess. It is all right to have recess after juice time today. We don't have to do everything exactly the same today. Even though we usually have recess now, it is all right to have juice time first. Then we will have recess."
"	22	Performs new activities/tasks when required/forced.	To prepare for visit to dentist, eye doctor: Role play the event, with teacher in role of dentist or doctor. Have school nurse advise regarding exact procedures that child will encounter.
lling or directing tive or interfering ors associated with turns, waiting in changing activities, g attention, accepting ism	12	Sits in seat, stands in line, etc., without fidgeting, moving for 25-50% of the activity.	Make contract with child. "See if you can't keep from twiddling during listen-period." Praise him if he does. If he doesn't, give another chance. "It is something I know you can do."
"	20	Sits in seat, stands in line, etc. without fidgeting, moving for 50-75% of activity.	During bathrooming; standing in line. Go to end of line for such things as: trying to be first, unacceptable fidgeting.

Strand No.	Strand Name	Strand Definition	Cell No.	Behavioral Objective	Str
25	Interpersonal Relations	Interacting with others in a cooperative, affectionate, participative, verbal, supportive fashion	42	Contributes to class discussions and activities (e.g. brings in materials, relates personal experiences to activities, suggests ideas...).	Teacher verbalizes one student; encou rest of the class helpful behavior t encourages approva by group clapping.
25	Interpersonal Relations	" "	45	Verbalizes feelings of anger with other students/teacher.	Teacher says: "I It's all right to when you're mad." hit the floor and
26	Responsible Behavior	Demonstrating socially approved behaviors associated with following rules, obeying authority figures, performing assigned tasks, and organizing activities	30	Behaves according to stated social/school rules in work and play situations.	Use Video-taping p activity. Call at inappropriate beha following rules. For inappropriate constantly leaving still picture and
28	Self-Confidence	Expressing oneself in situations requiring opinions, participation in classroom activities, and answering questions	3	Answers personal questions.	Teacher asks such a girl?" "Are you answered "yes" or correct answers.
28	Self-Confidence	" "	10	Verbalizes success at task performed, opinions presented or activity engaged in.	Teacher elicits su ance. Verbalizes; what he accomplish applause from peer

Strand Definition	Cell No.	Behavioral Objective	Strategy
teracting with others in cooperative, affectionate, rticipative, verbal, pportive fashion	42	Contributes to class discussions and activities (e.g. brings in materials, relates personal experiences to activities, suggests ideas...).	Teacher verbalizes accomplishment of one student; encourages approval of rest of the class by clapping; elicits helpful behavior toward another student; encourages approval of rest of the class by group clapping.
" "	45	Verbalizes feelings of anger with other students/teacher.	Teacher says: "I know you're mad at me. It's all right to be angry. Say 'pow!' when you're mad." Encourage child to hit the floor and say, "Pow! I'm mad!"
monstrating socially proved behaviors associa- d with following rules, eying authority figures, rforming assigned tasks, d organizing activities	30	Behaves according to stated social/school rules in work and play situations.	Use Video-taping procedure to record activity. Call attention of student to inappropriate behavior, or lack of following rules. For inappropriate appearance, such as constantly leaving mouth open, take a still picture and show it to child.
pressing oneself in sit- ions requiring opinions, rticipation in class- om activities, and swering questions	3	Answers personal questions.	Teacher asks such questions as "Are you a girl?" "Are you a boy?" that may be answered "yes" or "no." Reinforces correct answers.
" "	10	Verbalizes success at task performed, opinions presented or activity engaged in.	Teacher elicits successful task performance. Verbalizes; asks student to tell what he accomplished, encourages applause from peers.

Strand No.	Strand Name	Strand Definition	Cell No.	Behavioral Objective	St
30	Social Speech	Using socially appropriate language with regard to time, place, situation, and persons involved	3	Asks for what is desired.	When child uses g desire for someth "Use your words!" ly upon child's u
30	Social Speech	" "	4	Says "thank you," you're welcome," or "please" when reminded.	Teacher provides ities requiring s as "juice time"; social situations
32	Attention Span	Focusing and maintaining attention upon tasks to be completed	17	Attends to easy/familiar task for 10-25 minutes when supervised.	Frequent reinforc sitting, John," c listening to the
33	Task Completion	Completing assigned tasks and evaluating the product	7	Completes 0-10% of task with some attention/reinforcement.	Aide, volunteer, constant attentic helping child's immediate reinfor smallest accompl
40	Music and Rhythms	Developing behaviors associated with music and dance	8	Marches in time to repetitious beat.	Allow child to c to; all children to the beat. (C record accompani
40	Music and Rhythms	" "	18	Matches notes or tones.	Teacher sings in notes, "How old starting on high years old," endi matching sol and

Strand Definition	Cell No.	Behavioral Objective	Strategy
Using socially appropriate language with regard to time, place, situation, and persons involved	3	Asks for what is desired.	When child uses gestures to indicate desire for something, teacher says, "Use your words!" Reinforces immediately upon child's use of words.
" "	4	Says "thank you," you're welcome," or "please" when reminded.	Teacher provides classroom opportunities requiring social speech, such as "juice time"; role plays familiar social situations.
Focusing and maintaining attention upon tasks to be completed	17	Attends to easy/familiar task for 10-25 minutes when supervised.	Frequent reinforcement, such as, "Good sitting, John," or "Good sitting and listening to the story, Jim."
Completing assigned tasks and evaluating the product	7	Completes 0-10% of task with some attention/reinforcement.	Aide, volunteer, or teacher gives constant attention, demonstrating, helping child's hands perform, giving immediate reinforcement for the smallest accomplishment.
Developing behaviors associated with music and dance	8	Marches in time to repetitious beat.	Allow child to choose song to march to; all children sing song and march to the beat. (Can be with or without record accompaniment).
" "	18	Matches notes or tones.	Teacher sings in "do, mi, sol, do" notes, "How old are you?" Child answers, starting on high "do" note, "I'm eight years old," ending on low "do" note, and matching sol and mi notes on way down.

APPENDIX H

"AN EMERGING MODEL: CRITERION-REFERENCED EVALUATION"

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An Emerging Model: Criterion-Referenced Evaluation

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The concept of evaluation in education is in a stage of transition. Evaluation practices evolve continuously, to be certain, but there appears to be a genuine transition in how evaluation is considered. This change centers about the definition of the standards by which learning shall be judged, particularly in reference to a set of measurable instructional objectives.

Conventionally, the standards by which educational achievement has been judged have been norm-referenced. Norm-referenced standards are based upon averages which are derived from the performance of groups of individuals. These standards can be determined for any evaluation problem by merely defining a reference group and measuring its performance. The average level of performance of the chosen reference group becomes the expected performance level by which the quality of subsequent outcomes will be judged.

Norm-referenced standards are relative to the reference group upon which they have been based. A change in the reference group will result in a change in the standard. Norm-referenced standards are also considered to be relative because they *do not* indicate what an individual can do with respect to a specified instructional objective. Rather, they indicate what an individual can do in reference to other individuals, which may or may not be related to any specific instructional objectives.

The contemporary focus for evaluation in education is shifting from a relative, norm-referenced context to a more finite and absolute one. Educators are concerning themselves with the identification of specific skills and competencies required for learning. Such a concept expresses itself in efforts to define learning in terms of the mastery of specified tasks and in their assessment.

Standards for evaluation are taken as fixed cut-off points by which individual mastery and/or skill attainment can be judged adequate or inadequate, irrespective of the collective performance of reference groups. These standards, termed criterion-referenced standards, are absolute because they *do not* depend upon a reference group and because they indicate what an individual can do with respect to specified instructional objectives.

The transition in educational evaluation from relative to absolute standards demands rethinking of the concept of evaluation, and this reformulation can be expected to encompass the idea of behavioral objectives for instruction. The criterion-referenced evaluation model presented in this paper is emerging from these concepts.

Figure 1 compares and contrasts norm-referenced and criterion-referenced concepts which exemplify this transition.

Figure 1

Norm-referenced	Criterion-referenced
Reference points are average, relative points.	Reference points are fixed at specified cut-off points.
Evaluates individual performance in comparison to group of persons.	Evaluates individual performance in relation to a fixed standard.
Is used to evaluate a student as "below grade level," "at grade level" or "above grade level."	Not concerned with grade level descriptions.
Fails to indicate which individuals have mastered the spectrum of instructional objectives.	Identifies individuals who have mastered the spectrum of instructional objectives.
Generally poor aids in planning instruction.	Geared to provide information to be used in planning instruction.
Is vague in relation to the instructional content.	Is content-specific.
Is more summative than formative.	Is more formative than summative.
Does not operationally define mastery and/or success.	Operationally defines mastery and/or success.
Applies poorly to the individualization of instruction.	Applies directly to the individualization of instruction.
Is not concerned with task analysis.	Depends upon task analysis.
Does not lend itself to applied behavioral analysis.	Lends itself to applied behavioral analysis.
Standardized tests are classical examples.	Does not tend to be standardized.
Tests not sensitive to the effects of instruction.	Tests very sensitive to the effects of instruction.
Tests have a low degree of overlap with actual objectives of instruction.	Tests are directly referenced to the objectives of instruction.
Test items evaluated in reference to persons.	Test items evaluated in reference to instructional objectives.
Tests results interpreted in reference to a person's position in relation to the scores of others.	Tests results interpreted in reference to a person's position in relation to the curriculum.

Criterion-referenced Evaluation

A criterion-referenced evaluation model proposes to evaluate individual performance in relation to specified criteria rather than in relation to other individuals' performance. It evaluates in terms of criterion-referenced standards as opposed to normative standards. Criterion-referenced standards are defined to be absolute standards by which individual competency is judged. The emphasis on these absolute standards is upon what an individual can do in relation to specified behavioral objectives of instruction.

Criterion-referenced evaluation is intended to reflect comprehensively the content of a particular curriculum. The curriculum, in this context, is defined in terms of sequences of instructional objectives. Achievement, then, is defined as the successive mastery of discrete content units of objectives stated in terms of the behaviors the student is to perform. At any point in time a student will have mastered some portion of the behaviors represented by the curriculum, and his score on a criterion-referenced test is a listing of those behaviors he has mastered and those which he has not yet mastered. The meaning of his test results derives from his position in relation to the curriculum and *not* from the relation of his scores to the scores of others.

Criterion-referenced evaluation, then, begins with a comprehensive set of specific behaviorally-stated objectives. Tests are designed to discriminate between mastery and non-mastery of these objectives. They are selected to reflect the curriculum — that is, to be sensitive to instruction and, therefore, accurately represent mastery or non-mastery of objectives. Criterion-referenced evaluation, therefore, is conceptualized as the comparing of performance with objectives.

A criterion-referenced model requires that standards by which mastery shall be judged are to be specified prior to assessment. The selection of the cut-off points for the standards of performance appears to be somewhat arbitrary. Research efforts have yet to identify the parameters involved in setting mastery standards. However, several operating instructional programs which employ a criterion-referenced evaluation system exist. An analysis of their cut-off criteria may be useful in the eventual setting of these standards. For example, the Banning Adult School in Wilmington, California, employs an 80 per cent mastery standard (80/100 of the test items correctly answered) in a programmed instruction individualized learning setting. Using a similar programmed instruction format, the Central City Occupational Center in Los Angeles, California, has adopted an 85 per cent mastery standard (85/100 of the test items correctly answered). Southwest Regional Laboratory in Inglewood, California, advocates a 100 per cent mastery standard in their Learning Mastery System for first grade reading. Likewise, the Southern California Regional Occupational Center (SCROC) in Torrance, California, requires a 100 per cent competency level for certification of proficiency in their auto tune-up training program.

In summary, while the selection of criterion-referenced standards for judging mastery of instructional objectives is somewhat arbitrary, once selected they become absolute cut-off points for evaluating the outcomes of instruction. If the curriculum is organized in terms of sequences of instructional objectives, then criterion-referenced evaluation is the appropriate model for evaluation of learning outcomes.

The criterion-referenced evaluation model requires a criterion-referenced approach to testing and test construction. The primary purpose of criterion-referenced tests is to yield scores that are directly interpretable in terms of specified performance standards. A criterion-referenced test is one that is deliberately constructed to give scores that tell what kinds of behaviors individuals with those scores can demonstrate. These procedures tend to be very specific and limited to a narrow range of educational objectives. This results in the use of tests which: (a) are built to appropriately prescribed behavioral objectives; (b) are sensitive to change via intervention (instruction); and (c) may constitute an operational definition of success or mastery.

In order to construct a criterion-referenced test, one must essentially perform a task analysis of the relevant behavior. This must also be applied to the method and material used to teach the student to acquire the intended behavior. The task analysis will help classify objectives into subtasks. Each subtask must be logically related to the basic objective, and the basic objective to the broader curriculum. Test items must clearly reflect this classification of subtasks.

The emphasis which has been placed upon stating terminal performance objectives for instruction in behavioral terms and demonstrating the achievement of those objectives necessitates evaluative instruments for measuring the presence or absence of said objectives.

Adoption of a criterion-referenced evaluation model mandates the development of criterion-referenced measurement techniques in which instrument items are objective-specific. Objective-specific means that the items are keyed directly to the objectives of instruction so that some congruence exists between items and objectives. Hence, the items themselves must be specifically connected in some manner to the objectives. They must be objective-specific.

Criterion-referenced test items must also be criterion-related. That is, some criterion-referenced

Figure 2

Types	Common Uses
Objective tests (True-false, multiple choice, completion type items)	Used as pretests and posttests to measure cognitive learning outcomes. Perhaps the most commonly used (and misused) criterion-referenced tests. Frequently termed "paper and pencil tests."
Tasks Analysis charts	Used in targeting behaviors to be shaped through instruction and in identifying their presence or absence.
Self-rating checklists	Used in self-evaluation to determine the presence or absence of certain predefined characteristics.
Diagnostic inventories	Used in identifying prerequisite skills and entering competency levels. Used for classification and placement; also for program planning and remediation.
Problem identification checklists	Used in identifying problems or potential problems by assessing the presence or absence of specified preconditions for success.
Anecdotal situation quizzes	Used when the terminal performance objective is a prescribed response to a novel situation. Lends itself to an audio-visual presentation of the novel situation.

standard for judging competence in reference to the item must be determined prior to the administration of the test. Items which are objective-specific and criterion-related have the potential to be good criterion-test items.

Criterion-referenced tests provide the vehicle for evaluation of instructional success in terms of a student's achievement in relation to a specified body of content. Ideally, criterion-referenced tests should: (1) be made up of items which directly assess the skills involved in a unit of learning; (2) provide an indication of the exact areas and behaviors in which a student has achieved mastery or non-mastery; (3) provide cross-referencing of the subskills required in each test item; and (4) also provide cross-referencing of skills with instructional materials.

There has been a variety of approaches to criterion-referenced instrumentation. Criterion-referenced tests themselves assume many forms. Figure 2 summarizes representative types of criterion-referenced instruments currently being used.

Application of Criterion-referenced Evaluation to Individualized Instruction

A criterion-referenced evaluation model is particularly suitable for facilitating the implementation of a continuous progress curriculum as well as other individualized instruction programs. For example, criterion-referenced evaluation can function to arrange a particular set of objectives in an hierarchial sequence (such as in reading and mathematics) with the mastery of one set or subset of behaviors prerequisite for the next. Where an hierarchial sequence is not necessary, as may be the case in some science and social study content, criterion-referenced evaluation can assist in developing a sequence of steps which indicate precisely what desired behaviors are to be learned. When such a sequence is obtained, then it is possible at any one point in time to answer the question, "Where does the student stand in respect to some defined body of content that is interpretable in terms of the skills and behaviors needed for mastery of that content?" Criterion-referenced evaluation of individualized instruction, therefore, can be used to assure success of a particular instructional sequence in relation to a particular student's achievement.

Teachers can also use the results of a criterion-referenced testing situation to mold the instructional sequence around the individual student's rate and style of learning, individual goals, level of motivation and other unique characteristics. The teacher can also use the assessment situation to determine the extent to which the student has achieved the problem solving skills to the best of his ability. In addition, further instruction is based upon sequences of skills which can be carefully defined in terms of those skills which are both prerequisite to and sufficient for varying levels of mastery so that the teacher or student can determine which level of proficiency is sufficient for the particular individual. The teacher can determine as well the effectiveness of the "match" between student, method, material, environment, and time so that one or all may be adjusted to provide for success for the student.

Summary

A transition in the concept of educational evaluation appears to be clearing the way for the emergence of criterion-referenced evaluation. A criterion-referenced evaluation model is proposed to evaluate individual performance in relation to specified criteria (criterion-referenced standards) rather than in relation to other individuals' performance (norm-referenced standards). Criterion-referenced standards are defined as absolute standards, since, contrary to relative, norm-referenced standards, they do not depend upon a reference group, and they do indicate what an individual can do with respect to specified instructional objectives.

Adoption of a criterion-referenced evaluation model requires the development of criterion-referenced measurement techniques which relate test items to instructional objectives.

Criterion-referenced evaluation is particularly well suited to helping to pave the way for more widespread adoption of individualized instruction.

(See page 46 for a complete bibliography)

CRITERION-REFERENCED ASSESSMENT AND EVALUATION

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■

APPENDIX I

THE SANTA CRUZ BEHAVIORAL CHARACTERISTICS PROGRESSION

(BCP)

APPENDIX J

A COMPARISON OF BCP STRANDS WITH VARIOUS AUTHORITIES' DESCRIPTIONS OF AUTISM

COMPARISON OF BCP STRANDS WITH VARIOUS AUTHORITIES' DESCRIPTIONS OF AUTISM

BCP STRAND	NO. USING STRAND	DEFINITION OF IDENTIFYING BEHAVIORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S S DESCRIBING AU
1 Health			Marked physical overactivity. Child may wake and play for hours, yet be full of energy the next day.		No physical r infancy (Kann velopmental d Unrelated phy (Eisenberg & well-formed, (American Jou Psychosomatic cates cogniti are mixed (Ka physical resp
3 Feeding, Eating	1		Resists change in routine. Change in smallest thing may result in acute, excessive or seemingly illogical anxiety, e.g., child rejects all but few foods.	Unusual food preference. Drooling.	
9 Nasal Hygiene	1			Sniffing.	
11 Self-I.D.	2				Widespread e (Sarius & Ga formation fr Altered rela reality (O'G

COMPARISON OF BCP STRANDS WITH VARIOUS AUTHORITIES' DESCRIPTIONS OF AUTISM

ION OF IDENTIFYING RS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S SURVEY OF AUTHORITIES DESCRIBING AUTISM
	Marked physical overactivity. Child may wake and play for hours, yet be full of energy the next day.		No physical reaching out since infancy (Kanner). Severe developmental disturbances (Rutter). Unrelated physical abnormalities, (Eisenberg & Kanner). Physically well-formed, slender, attractive (American Journal of Ortho. Psych). Psychosomatic performance, indicates cognitive potentialities are mixed (Kanner). Lack of physical responsiveness (Rimland).
	Resists change in routine. Change in smallest thing may result in acute, excessive or seemingly illogical anxiety, e.g., child rejects all but few foods.	Unusual food preference. Drooling.	
		Sniffing.	
			Widespread ego disturbances (Sarius & Garcia). Lack of ego formation from onset (Despret). Altered relationship with reality (O'Gorman).

BCP STRAND	NO. USING STRAND	DEFINITION OF IDENTIFYING BEHAVIORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S DESCRIBING A
12 Sensory	3				Distorted sen response patt Hyposensitivi tivity (Beave relate curren w/what has pr memory (Rimla
13 Auditory Perception	7	Unusual reaction to perceptual stimuli, such as seeming not to hear certain sounds and over-reacting to others (e.g., holding hands over ears)	Acts as deaf. No reaction to speech or noise.	Speech Mute.	Lacks auditor others (Kanne sounds (Kanne culties (echo
14 Visual Motor I	3	Unusual reaction to perceptual stimuli, such as looking through objects, poor eye contact. Unable to perform certain fine motor activities (limpness in fingers, inability to hold pencil appropriately).			Avoids eye co responses to initiate gest Blindisms (K
15 Visual Motor II	1			Imitation: Motor.	Detects smal environment, blind (Polan Difficulty i ior (Hermeli ability to c relationship

OF IDENTIFYING NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S SURVEY OF AUTHORITIES DESCRIBING AUTISM
			Distorted sensory awareness and response patterns (Ornitz & Ritvo). Hyposensitivity &/or hypersensitivity (Beavers). Inability to relate current objects of sensation w/what has previously been in memory (Rimland).
ction to per- muli, such as to hear cer- and over-re- thers (e.g., ds over ears)	Acts as deaf. No reaction to speech or noise.	Speech Mute.	Lacks auditory responses to others (Kanner). Does not initiate sounds (Kanner). Decoding difficulties (echolalic) (Cameron).
ction to stimuli, such through objects, ntact. Unable certain fine ities (limp- gers, inability cil appropriate-			Avoids eye contact. Lacks visual responses to other. Does not initiate gestures (Kanner). Blindisms (Keeler).
		Imitation: Motor.	Detects small changes in visual environment, yet functionally blind (Poland & Spencer & Schopler). Difficulty in visual search behavior (Hermelin, Hutt). Difficulty in ability to cope with figure-ground relationships (Schafer).

BCP STRAND	NO. USING STRAND	DEFINITION OF IDENTIFYING BEHAVIORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S DESCRIBING
16 Gross Motor I	2	Unable to perform certain gross motor activities (walking with a peculiar gait). Repetitive and peculiar body motions, such as incessant rocking.		Stereotyped position.	Motor distu early month flapping, w ear banging Abnormality Stereotypic
17 Gross Motor II	2				
18 Pre-Articulation	8			Drools. Echolalic.	Decoding di (Cameron).
19 Articulation	7	Severely impaired speech.		Gibberish. Indiscriminate mouthing.	
20 Lang. Comprehension	5		Acts as deaf. No reaction to speech or noise.	Does not follow requests. Aloof preoccupation.	Lacks audit (May appear aloof (Kan culties (e

N OF IDENTIFYING , NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S SURVEY OF AUTHORITIES DESCRIBING AUTISM
perform certain r activities ith a peculiar epetitive and ody motions, ncessant rocking.		Stereotyped position.	Motor disturbances present in early months of life (hand flapping, whirling of objects, ear banging) (Beavers, Rimland). Abnormality of movement. (O'Gorman). Stereotypic behavior (Kanner).
		Drools. Echolalic.	Decoding difficulties (echolalic) (Cameron).
mpaired speech.		Gibberish. Indiscriminate mouthing.	
	Acts as deaf. No reaction to speech or noise.	Does not follow requests. Aloof preoccupation.	Lacks auditory responses to others. (May appear deaf) (Kanner). Always aloof (Kanner). Decoding difficulties (echolalic) (Cameron).

BCP STRAND	NO. USING STRAND	DEFINITION OF IDENTIFYING BEHAVIORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBL'N INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S DESCRIBING
21 Lang. Development	7	Complete lack of speech.	Prefers to indicate needs by gestures; speech may or may not be present.	Speech: Mute. Low functional number of words. Whines, screams. Indiscriminate mouthings. Repetitive noise-making.	Failure to of communi adequate d (Bender). Failure to speech (Be use (Keele
22 Listening	5	Poor eye contact.	No eye contact; persistent tendency to look past or turn away from people, especially when spoken to.	Gaze aversion--blank facial expression.	Avoids eye always alo
23 Adaptive Behaviors	6	Extreme distress for no discernible reason due to minor changes in the environment. Repetitive and peculiar use of toys & objects in an inappropriate manner. Similar repetitive and peculiar body motions, such as incessant rocking.	Resists change in routine. Change in smallest thing may result in acute, excessive or seemingly illogical anxiety, e.g. child rejects new or all but few foods. Spins objects, especially round ones. Can become totally absorbed in this activity & distressed if interrupted. Repetitive and odd play; e.g. flicking pieces of string, rattling stones in a tin, tearing paper.	Avoids others' presence. Ritualized hand motions. Lining up objects.	Normal or intelligen tasks (Rut servation Rimland). (Cameron). (Ward, Kan able memor

ON OF IDENTIFYING S, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S SURVEY OF AUTHORITIES DESCRIBING AUTISM
e lack of speech.	Prefers to indicate needs by gestures; speech may or may not be present.	Speech: Mute. Low functional number of words. Whines, screams. Indiscriminate mouthings. Repetitive noise-making.	Failure to use speech for purposes of communication (Kanner). Inadequate development of language (Bender). Failure to speak (Gorman Failure to develop communicative speech (Beavers). Lack of language use (Keeler).
contact.	No eye contact; persistent tendency to look past or turn away from people, especially when spoken to.	Gaze aversion--blank facial expression.	Avoids eye contact (Kanner); always aloof (Kanner).
distress for no ble reason due to anges in the en- t. Repetitive and use of toys & in an inappro- anner. Similar ve and peculiar ions, such as t rocking.	Resists change in routine. Change in smallest thing may result in acute, excessive or seemingly illogical anxiety, e.g. child rejects new or all but few foods. Spins objects, especially round ones. Can become totally absorbed in this activity & distressed if interrupted. Repetitive and odd play; e.g. flicking pieces of string, rattling stones in a tin, tearing paper.	Avoids others' presence. Ritualized hand motions. Lining up objects.	Normal or high intrinsic levels of intelligence manifested on certain tasks (Rutter). Desire for preservation of sameness (Bender, Rimland). Resistance to change (Cameron). Stereotypic behavior (Ward, Kanner, Hutt). Remarkable memory (Keeler).

BCP STRAND	NO. USING STRAND	DEFINITION OF IDENTIFYING BEHAVIORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S DESCRIBING
24 Impulse Control	7	...passivity.	Laughing and giggling for no apparent reason.	Withdrawal: Hands over ears. Blank facial expression. Hand biting; other self-injury. Repetitive noise-making. Spinning objects. Goofy eye movements. Dry-eyed crying. Creepy touching. Inane laughing, smiling.	Unresponsiv (Rimland, (Keeler), & present in (hand-flapp ear bangin
25 Inter-Personal Relation	6	Impaired or complete lack of relatedness and social inaccessibility to children, parents, and adults.	Great difficulty in mixing and playing w/other children. Unusual attachment to a particular object or objects. Easily preoccupied with details or special features of this object, and has no regard for its real use. Standoffish manner. Communicates very little w/other people. Uses them as objects rather than as people.		

OF IDENTIFYING NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S SURVEY OF AUTHORITIES DESCRIBING AUTISM
ty.	Laughing and giggling for no apparent reason.	Withdrawal: Hands over ears. Blank facial expression. Hand biting; other self-injury. Repetitive noise-making. Spinning objects. Goofy eye movements. Dry-eyed crying. Creepy touching. Inane laughing, smiling.	Unresponsive (*Cameron*). Aloneness (*Rimland*, *Bender*). Self-isolation (*Keeler*), &/or Motor disturbances present in early months of life (hand-flapping, whirling of objects ear banging) (*Beavers*, *Rimland*).
complete lack ss and social lity to chil- ts, and adults.	Great difficulty in mixing and playing w/other children. Unusual attachment to a particular object or objects. Easily preoccupied with details or special features of this object, and has no regard for its real use. Standoffish manner. Communicates very little w/other people. Uses them as objects rather than as people.		

BCP STRAND	NO. USING STRAND	DEFINITION OF IDENTIFYING BEHAVIORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S DESCRIBING
26 Responsible Behavior	6	Hyperactivity.		Response reversal. Aggression (offensive against adult, against peers. Destructiveness. Aloof preoccupation.	
27 Personal Welfare	1	Apparent insensitivity to pain.	Lack of fear about realistic dangers, e.g. may play with wire, climb dangerous heights, run into busy road or into the sea.		Lack of resp painful stim
28 Self-Confidence	2				
30 Social Speech	4				
32 Attention Span	5		Strong resistance to any learning, either new behaviors or new skills.	Short attention span.	

OF IDENTIFYING NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S SURVEY OF AUTHORITIES DESCRIBING AUTISM
ty.		Response reversal. Aggression (offensive against adult, against peers. Destructiveness. Aloof preoccupation.	
nsensitivity	Lack of fear about realistic dangers, e.g. may play with wire, climb dangerous heights, run into busy road or into the sea.		Lack of response to tactile or painful stimuli (O'Gorman).
	Strong resistance to any learning, either new behaviors or new skills.	Short attention span.	

BCP STRAND	NO. USING STRAND	DEFINITION OF IDENTIFYING BEHAVIORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN' DESCRIBING
33 Task Completion	5		Strong resistance to any learning, either new behaviors or new skills.		
39 Reasoning	6				Fundamenta perceptio
40 Music & Rhythms	6				
41 Arts & Crafts	7				

TION OF IDENTIFYING ORS, NSAC	14 MAJOR MANIFESTATIONS OF INFANTILE AUTISM--QUEENSLAND	HAMBLIN INVENTORY OF BEHAVIOR PATTERNS OF 18 A.C.	MC MILLAN'S SURVEY OF AUTHORITIES DESCRIBING AUTISM
	Strong resistance to any learning, either new behaviors or new skills.		
			Fundamental disturbance of perception (Ornitz & Ritvo).

APPENDIX K

A SAMPLE Q-SORT:

INSTRUCTIONS FOR SORTING AND SCORING

(See page 108)

A SAMPLE Q-SORT:

INSTRUCTIONS FOR SORTING AND SCORING

1. Each of the 60 statements concern activities which are occurring in secondary schools throughout the country. They are to be scored (much as a teacher marks a set of essays) according to the following scale:

    One statement is to be given the score of 8
    Four statements are to be given the score of 7
    Seven statements are to be given the score of 6
    Eleven statements are to be given the score of 5
    Fourteen statements are to be given the score of 4
    Eleven statements are to be given the score of 3
    Seven statements are to be given the score of 2
    Four statements are to be given the score of 1
    One statement is to be given the score of 0

2. Give the high marks to the statements which, in your opinion are the most important to the secondary school; give the low marks to the least important. What is wanted is your opinion.

3. Begin by sorting the statements into three rough piles: Those which are important to the school system (high scores) in one pile, the unimportant (low scores) in a second pile, and the intermediate ones, those about which you are uncertain, in another pile. Then "tease out" each of these piles into the final arrangement indicated above. The high score pile goes into piles 8,7, and 6; the low score pile into piles 0,1, and 2; and finally the middle pile into piles 3,4, and 5. Remember that the most important statements get the highest score.

4. Go over your score to be sure it best represents your opinion but you need not be too "fussy". Quick, sensible decisions that represent your honest opinion are best.

5. When you have sorted the statements into the nine piles, enter their scores on the prepared sheet. Simply write the score (that is, the pile number) for each statement beside its corresponding number on the margin of the answer page. Be sure to fill in all the date requested at the top of the sheet.

6. It is best to do the sorting on a long table. Place the guide cards (showing the pile number and the number of statements to be placed in each) in a row on the table; then spread the statements out as you do the final sorting so that you can glance over them all when you have finished.

APPENDIX L

A PARTIAL

TBC TASK LIST

(See page 118)

TBC TASK LIST

Position Symbols

A = Administrator
Au= Audiometrist
B = Business Office Staff
Bt= Busing/Transportation Staff
Cs= Cafeteria Staff
C = Consultant
D = Doctor (M.D.)
E = Educational Specialist
G = Guardian/Parent
H = Head Teacher
I = Instructional Aide
J = Janitor/Custodian
K = Itinerant Teacher

L = Language/Speech Therapist
N = Nurse
Ot= Occupational Therapist
X = Permit Teacher
Pt= Physical Therapist
O = Psychiatric Technician
P = Psychologist
R = Resource Teacher
S = Secretary
T = Teacher
U = Unit/Ward/Cottage Staff
V = Vision Screening Specialist
W = Welfare/Social Worker

TASK		Current Task	Positions Responsible for Task
1.1	Complete special education survey (e.g.master plan).		
1.2	Develop information packet for community containing description of pupil and program services.	✓	A
1.3	Coordinate with public and private agencies to maintain up-dated files on program and services for the community.	✓	A
1.4	Write student contact report in preparation for referral.	✓	L
1.5	Receive referral from family counselor, community worker, teacher, parent or others.	✓	P,L
1.6	Develop or obtain map from the county denoting boundaries of school districts.	✓	A
1.7	Determine which school district shall serve as point of entry for given address.	✓	A
1.8	Establish school district of residence as single point of entry into school.	✓	A
1.9	Determine district or county contact for special program referral.	✓	A
1.10	Obtain name and phone number of contact for special program referral.	✓	L,A

TASK		Current Task	Positions Responsible for Task
1.11	Determine district special programs (including home instruction) or if contracting is necessary.	✓	P,L,A
1.0	Refer child to Department of Special Education.	✓	P,L
1.12	Inform parents/guardian of available program services.	✓	P,L,A
1.13	Set up file folder and index card (possibly assign case manager at this point).	✓	L
1.14	Forward referral to A & D Committee.	✓	P,L,A
1.15	Collect and review all available educational/medical records on referred child.	✓	P,L
1.16	Verify pupil district of residence (use forms).		
1.17	Obtain child information from parents/guardian concerning educational/medical history.	✓	L,A
1.18	Prepare parent testing release permission forms for signature.	✓	A
1.19	Send or take testing release or permission forms to parents.	✓	L
1.20	Obtain parent signed release to allow other agencies to send/receive case commentary and recommendation reports.	✓	P
1.21	Obtain all required child information not previously obtained.		
1.22	Set up a new pupil A & D or intake file.		
1.23	File the approval and release forms in the pupil's case file.		
1.24	Review requested information provided by parent and obtain any not received.	✓	P,L

TASK		Current Task	Positions Responsible for Task
105-107.16	Fill out pupil evaluation report for parents to sign.	✓	L,T,X
105-107.17	Contact parents at home regarding pupil progress.	✓	L,T,X
105-107.18	Prepare for and set up parent conference on pupil progress.	✓	L,T,X
105-107.19	Conduct parent conference regarding pupil progress.	✓	L,T,X
105-107.20	Prepare and type a parent conference report.	✓	L,T
105-107.21	Review and file a parent conference report.	✓	L,T
105-107.22	Discuss parent conference with staff.	✓	L,T,X,A
105-107.23	Prepare and type progress reports of learner objectives for each program.	✓	L,T,A
105-107.24	Summarize program progress reports for school, district, etc.	✓	L,T,A
105-107.25	Review progress reports for programs, schools, districts, etc.	✓	L,T,A
106.1	Review and evaluate pupil assignments and tests to ensure efficacy or pertinency.	✓	T,X
106.0	Distribute homework assignments and tests to pupil to determine progress toward learner objectives.	✓	T
106.2	Instruct pupil how to complete homework and tests.	✓	I,T,X
106.3	Collect homework assignments, tests from pupil.	✓	T
106.4	Score and return homework and tests to pupil.	✓	T
106.5	Record scores and determine whether learner objectives were met. See 105-107.1 through 105-107.25.		

TASK		Current Task	Positions Responsible for Task
107.1	Confer with teacher on referral/transfer procedures for pupils.	✓	L,T,X,A
107.0	Confer with pupil to determine progress toward learner objectives.	✓	I,L,T,X
107.2	Discuss present achievement with pupil.	✓	I,L,T,X
107.3	Discuss progress (tests etc.) with pupil--areas to improve.	✓	I,L,T,X
107.4	Discuss and explain evaluation of pupil's class work with pupil, parents.	✓	L,T,X
107.5	Discuss possible revised objectives with pupil, parents. See 105-107.1 through 105-107.25.	✓	L,T,X
108.1	Meet with program staff to discuss program, students' needs.	✓	A,N,L,P,T,X
108.2	Review parent complaints & observations and discuss with staff.	✓	A,N,L,P,T,X
108.3	Review student records to determine why he left program.	✓	L,T
108.4	Review/record/log/plan staff daily activities and contacts.	✓	L,T,X
108.5	Review staff activity log/briefing file for staff activities regarding pupils, parents.	✓	L,T
108.6	Talk with staff to build rapport & discuss needs and problems.	✓	L,T,X,A
108.7	Discuss pupil progress in a staff meeting.	✓	A,N,L,P,T,X
108.0	Evaluate pupil progress per staff member.	✓	T,A
108.8	Discuss personnel evaluation activities with staff.	✓	T,A
108.9	Evaluate own personal work.	✓	N,L,T,X,A
108.10	Make appointments for class observations.	✓	N,L,T,X

APPENDIX M

COMPARISON OF TERMS
USED BY THREE CLASSIFICATION SYSTEMS
FOR INDIVIDUALS WITH EXCEPTIONAL NEEDS

COMPARISON OF TERMS USED BY THREE CLASSIFICATION SYSTEMS FOR INDIVIDUALS WITH EXCEPTIONAL NEEDS

CALIFORNIA'S EXISTING SYSTEM	SYSTEM PROPOSED BY AB 4040	SYSTEM OUTLINED IN FEDERAL HEALTH AND SAFETY CODE, SECTION 38003
EH = Educationally Handicapped MR = Mentally Retarded SMR = Severely Mentally Retarded PH = Physically Handicapped MH = Multi-Handicapped MG = Mentally Gifted DCHM = Development Centers for Handicapped Minors	CH = Communicatively Handicapped PH = Physically Handicapped LH = Learning Handicapped SH = Severely Handicapped	DD = Developmentally Disabled
		DD Neurological handicapping conditions
PH Orthopedic or other health impairments	PH Orthopedically handicapped	DD Cerebral Palsy
PH Aphasic and/or other severe oral language handicapped	CH Severely language handicapped, including aphasic	
PH Speech handicapped	CH Language and speech handicapped	
PH Deaf	CH Deaf	
PH Moderately hard of hearing		
PH Severely hard of hearing	CH Severely hard of hearing	
PH Multi-handicapped		

Cont.

EXISTING SYSTEM	AB 4040	SEC. 38003
PH Deaf-blind	CH Deaf and blind	
PH Blind	PH Blind	
PH Partially seeing	PH Partially seeing	
PH Drug dependent minors	PH Drug dependency	
PH Pregnant minors	PH Pregnancy	
PH Other health impaired	PH Other health impairments	DD Epilepsy
MG Mentally gifted pupils		
DCHM Development Centers for Handicapped Minors (includes severe impairment of locomotion, severe orthopedic condition, severe mental retardation, other severe disabling conditions	SH Developmentally handicapped	DD Mental retardation
SMR Trainable mentally retarded	SH Trainable mentally retarded	DD Mental retardation
MR Educable mentally retarded	LH Educationally retarded	
EH Specific learning disability	LH Learning disabilities	
EH Specific behavior disorder	LH Behavior disorders	
EH Serious emotional disturbance	SH Seriously emotionally disturbed	
EH Serious emotional disturbance (autistic-like)	SH autistic	DD autism